

MEDICAID IMPACT CONFERENCE
March 9, 2007

Item #	Issue	Action	General Revenue	Trust Fund	Total
1	Nursing Home Bed Hold Reimbursement	Reduces the amount of reimbursement to a nursing home provider for bed hold days. Please provide an estimate of 50% and provide legislative staff a calculation mechanism to adjust the percentage and reflect savings.	\$ (2,710,535)	\$ (3,868,433)	\$ (6,578,968)
2	Nursing Home Bed Hold Reimbursement	Reduces the amount of reimbursement to a nursing home provider for bed hold days. Please provide an estimate of 75% and provide legislative staff a calculation mechanism to adjust the percentage and reflect savings.	\$ (4,065,803)	\$ (5,802,650)	\$ (9,868,453)
3	KidCare BNET Funding	Provide an analysis of the ACTUAL current cost of BNET services.	\$ (135,154)	\$ (312,082)	\$ (447,236)
4A	Disabled in Nursing Homes	Provide an estimate of the savings by removing all disabled individuals that do not require skilled nursing services from nursing homes. Recipients can transfer to the appropriate Home and Community Based waivers. (Phased-in)	\$ (4,462)	\$ (5,894)	\$ (10,356)
4B	Disabled in Nursing Homes	Provide an estimate of the savings by removing all disabled individuals that do not require skilled nursing services from nursing homes. Recipients can transfer to the appropriate Home and Community Based waivers. (Annualized)	\$ (15,300)	\$ (20,206)	\$ (35,506)
5	Assistive Care Services Rate Increase	\$2 dollar per day increase	\$ 2,261,513	\$ 4,822,808	\$ 7,084,321
6A	Nursing Home Diversion	Calculate an estimate of cost or savings by increasing the Nursing Home Diversion program by 1,000 slots. (Phased-In)	\$ (1,792,193)	\$ (2,376,116)	\$ (4,168,309)
6B	Nursing Home Diversion	Calculate an estimate of cost or savings by increasing the Nursing Home Diversion program by 1,000 slots. (Annualized)	\$ (3,308,665)	\$ (4,386,675)	\$ (7,695,340)
7	Chains ingredient cost	Provide an estimate of savings as a result of reimbursing chain pharmacies AWP -17% or the WAC equivalent. Chains for this exercise will be corporations with 5 or more stores in Florida.	\$ (2,366,803)	\$ (5,019,925)	\$ (7,386,728)
8	Ingredient Cost	Provide an estimate of savings as a result of paying pharmacies AMP plus an \$8.00 dispensing fee.	N/A	N/A	N/A
9A	Child Dental Fee	Increase Dental Rates by 10%	\$ 3,594,142	\$ 4,833,677	\$ 8,427,819
9B	Child Dental Fee	Increase Dental Rates by 20%	\$ 7,321,155	\$ 9,846,048	\$ 17,167,203

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Item #	Issue	Action	General Revenue	Trust Fund	Total
9C	Child Dental Fee	Increase Dental Rates by 30%	\$ 11,166,620	\$ 15,017,722	\$ 26,184,342
9D	Child Dental Fee	Increase Dental Rates by 40%	\$ 15,130,536	\$ 20,348,698	\$ 35,479,234
10	Physician Services - Rate Increase	Cost to increase entire fee schedule to Medicare rates	\$ 412,936,102	\$ 550,289,997	\$ 963,226,099
11	Physician Services - Rate Increase	Cost to increase entire fee schedule to Medicare Rates - Children Only	\$ 182,131,654	\$ 242,713,804	\$ 424,845,458
12	Physician Services - Rate Increase	Cost to increase the primary office visits to Medicare Rates	\$ 93,057,337	\$ 124,010,833	\$ 217,068,170
13	Physician Services - Rate Increase	Cost to increase primary office visits to Medicare Rates - Children Only	\$ 58,635,393	\$ 78,139,143	\$ 136,774,536
14A	Physician Services - Rate Increase 10%	Cost to increase entire fee schedule by 10%	\$ 71,477,318	\$ 95,252,642	\$ 166,729,960
14B	Physician Services - Rate Increase 20%	Cost to increase entire fee schedule by 20%	\$ 120,010,020	\$ 159,928,866	\$ 279,938,886
14C	Physician Services - Rate Increase 30%	Cost to increase entire fee schedule by 30%	\$ 168,432,103	\$ 224,457,294	\$ 392,889,397
15A	Physician Services - Rate Increase 10%	Cost to increase entire fee schedule by 10% - Children Only	\$ 31,502,355	\$ 41,980,871	\$ 73,483,226
15B	Physician Services - Rate Increase 20%	Cost to increase entire fee schedule by 20% - Children Only	\$ 52,913,139	\$ 70,513,560	\$ 123,426,699
15C	Physician Services - Rate Increase 30%	Cost to increase entire fee schedule by 30% - Children Only	\$ 74,253,664	\$ 98,952,472	\$ 173,206,136

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Item #	Issue	Action	General Revenue	Trust Fund	Total
16A	Physician Services - Rate Increase 10%	Cost to increase primary office visits by 10%	\$ 16,148,463	\$ 21,520,001	\$ 37,668,464
16B	Physician Services - Rate Increase 20%	Cost to increase primary office visits by 20%	\$ 26,964,230	\$ 35,933,060	\$ 62,897,290
16C	Physician Services - Rate Increase 30%	Cost to increase primary office visits by 30%	\$ 37,929,266	\$ 50,545,521	\$ 88,474,787
17A	Physician Services - Rate Increase 10%	Cost to increase primary office visits by 10%- Children Only	\$ 10,085,656	\$ 13,440,283	\$ 23,525,939
17B	Physician Services - Rate Increase 20%	Cost to increase primary office visits by 20% - Children Only	\$ 17,023,292	\$ 22,685,636	\$ 39,708,928
17C	Physician Services - Rate Increase 30%	Cost to increase primary office visits by 30% - Children Only	\$ 23,914,795	\$ 31,869,464	\$ 55,784,259
18A	Physician Fee Increase for Rural Health Networks 5%	Provide an estimate of the additional funding required to increase Medicaid physician reimbursement rates by 5%, 10%, 20%, 30%,40% to physicians in "Physician Scarcity Areas" who are members of rural health networks and who are providing care to Medicaid recipients who are residents of rural areas. Include a calculation mechanism to allow legislative staff to determine the additional funding needing based on incremental percentage increases.	\$ 2,638,412	\$ 3,515,863	\$ 6,154,275
18B	Physician Fee Increase for Rural Health Networks 10%		\$ 5,369,229	\$ 7,155,210	\$ 12,524,439
18C	Physician Fee Increase for Rural Health Networks 20%		\$ 10,620,081	\$ 14,152,393	\$ 24,772,474
18D	Physician Fee Increase for Rural Health Networks 30%		\$ 16,111,913	\$ 21,471,305	\$ 37,583,218
18E	Physician Fee Increase for Rural Health Networks 40%		\$ 21,482,330	\$ 28,627,966	\$ 50,110,296
19	Hospital Inpatient Reimbursement Rate Increase	Cost to reimburse all Hospitals at Medicare Rates	N/A	N/A	N/A

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Item #	Issue	Action	General Revenue	Trust Fund	Total
20	Hospital Inpatient Reimbursement Rate Increase	Cost to eliminate all Hospital Variable Cost Targets	\$ 156,565,439	\$ 206,779,743	\$ 363,345,181
21	Hospital Inpatient Reimbursement Rate Increase	Cost to eliminate all Hospital Variable Cost Targets and County Ceiling Targets	\$ 332,926,339	\$ 439,703,828	\$ 772,630,167
22	Hospital Inpatient Reimbursement Rate Increase	Cost to eliminate all Hospital Variable Cost Targets, County Ceiling Targets and County Ceilings	\$ 354,578,903	\$ 468,300,891	\$ 822,879,794
23	Hospital Inpatient Reimbursement Rate Increase	Cost to eliminate Hospital Variable Cost Targets, County Ceiling Targets and County Ceilings only for Hospitals that were exempt in FY 2006-07.	TBD	TBD	TBD
24	Hospital Inpatient Reimbursement Rate Increase	Cost to eliminate Hospital Variable Cost Targets, County Ceiling Targets and County Ceilings only for Hospitals that are recommended as exempt in FY 2007-08 LIP council recommendations.	\$ 237,509,096	\$ 313,683,979	\$ 551,193,075
25	Hospital Inpatient Reimbursement Rate Increase	Cost to increase Property Rate Allowance from 80% to 85%	\$ 4,865,684	\$ 6,426,226	\$ 11,291,909
26	Hospital Inpatient Reimbursement Rate Increase	Cost to increase Property Rate Allowance from 80% to 90%	\$ 9,731,368	\$ 12,852,451	\$ 22,583,819
27	Hospital Inpatient Reimbursement Rate Increase	Cost to increase Property Rate Allowance from 80% to 95%	\$ 14,597,051	\$ 19,278,677	\$ 33,875,728
28	Hospital Inpatient Reimbursement Rate Increase	Cost to increase Property Rate Allowance from 80% to 100%	\$ 19,462,735	\$ 25,704,903	\$ 45,167,638
29	Hospital Outpatient Reimbursement Rate Increase	Cost to reimburse all Hospitals at Medicare Rates	N/A	N/A	N/A
30	Hospital Outpatient Reimbursement Rate Increase	Cost to eliminate all Hospital Variable Cost Targets	\$ 30,738,942	\$ 40,597,660	\$ 71,336,602
31	Hospital Outpatient Reimbursement Rate Increase	Cost to eliminate all Hospital Variable Cost Targets and County Ceiling Targets	\$ 37,008,423	\$ 48,877,914	\$ 85,886,337
32	Hospital Outpatient Reimbursement Rate Increase	Cost to eliminate all Hospital Variable Cost Targets, County Ceiling Targets and County Ceilings	\$ 68,061,343	\$ 89,890,254	\$ 157,951,597

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Item #	Issue	Action	General Revenue	Trust Fund	Total
33	Hospital Outpatient Reimbursement Rate Increase	Cost to eliminate Hospital Variable Cost Targets, County Ceiling Targets and County Ceilings only for Hospitals that were exempt in FY 2006-07.	TBD	TBD	TBD
34	Hospital Outpatient Reimbursement Rate Increase	Cost to eliminate Hospital Variable Cost Targets, County Ceiling Targets and County Ceilings only for Hospitals that are recommended as exempt in FY 2007-08 LIP council recommendations.	\$ 37,186,525	\$ 49,113,139	\$ 86,299,664
35	Nursing Home Rate Increase	Cost to rebase Operating component to target ceiling	\$ 14,802,877	\$ 19,550,515	\$ 34,353,392
36	Nursing Home Rate Increase	Cost to rebase Indirect patient care component to target ceiling.	\$ 16,078,899	\$ 21,235,789	\$ 37,314,688
37	Nursing Home Rate Increase	Cost to restore FY 2005-06 Nursing Home reimbursement rate cuts.	\$ 11,140,363	\$ 14,713,346	\$ 25,853,709
38A	HMO Rate Increase (1%Reduction)	Cost to reduce the discount factor. Provide estimate of cost by percentage increments until eliminated. (e.g. 1% \$\$; 2% \$\$; 3% \$\$ etc...) No individual or area reduction should exceed 100%.	\$ 8,712,777	\$ 11,507,175	\$ 20,219,952
38B	HMO Rate Increase (2%Reduction)		\$ 17,425,554	\$ 23,014,349	\$ 40,439,903
38C	HMO Rate Increase (3%Reduction)		\$ 26,138,332	\$ 34,521,524	\$ 60,659,856
38D	HMO Rate Increase (4%Reduction)		\$ 34,328,080	\$ 45,337,922	\$ 79,666,002
38E	HMO Rate Increase (5%Reduction)		\$ 42,517,829	\$ 56,154,320	\$ 98,672,149
39	Global Reimbursement Rate for Multi-Organ and Intestinal Transplants	Cost to implement a Global Pediatric and Adult Multi-Organ Transplant Program and a Global Pediatric and Adult Intestinal Transplant Program.	\$ 1,206,520	\$ 1,593,480	\$ 2,800,000
40A	Cost to Enroll Non-Title XXI children not currently in the Healthy Kids Program	Cost to cover non-Title XXI eligible children under the Florida Healthy Kids Program, including dental services.	\$ 3,853,789	\$ 278,847	\$ 4,132,636

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Item #	Issue	Action	General Revenue	Trust Fund	Total
40B	Cost to Enroll Non-Title XXI children not currently in the Healthy Kids Program	Provide a separate calculation for legal aliens who do not qualify because of their alien status.	\$ 12,257,356	\$ 866,901	\$ 13,124,257
41A	Non-Emergency Transportation	Estimate the impact of the recent decreases in caseload on the pricing of the non-emergency transportation contract. (Based on Budgeted Caseload)	\$ (875,849)	\$ (1,157,698)	\$ (2,033,547)
41B	Non-Emergency Transportation	Estimate the impact of the recent decreases in caseload on the pricing of the non-emergency transportation contract. (Based on Current Caseload)	\$ 432,435	\$ 571,593	\$ 1,004,028
42	Pharmacy Assistance Program	Provide a caseload, utilization and expenditure estimate for FY 2007-08 for this program.	\$ (1,428,712)	\$ -	\$ (1,428,712)
43A	Developmental Disabilities Waiver	Cap residential rehab services to 2 hours a day.	N/A	N/A	N/A
43B	Developmental Disabilities Waiver	Cap residential rehab services to 4 hours a day.	N/A	N/A	N/A
43C	Developmental Disabilities Waiver	Cap residential rehab services to 6 hours a day.	N/A	N/A	N/A
44	Developmental Disabilities Waiver	Cap Adult Day Training services to 4 or 6 hours a day.	N/A	N/A	N/A
45A	Institutions for Mental Disease	Cost to implement State Plan Change for SFY0708.	\$ 5,170,800	\$ 6,829,200	\$ 12,000,000
45B	Institutions for Mental Disease	An estimate of any retroactive payments that may be required.	TBD	TBD	TBD
46A	Qualified Medicare Beneficiary	Cost to implement State Plan Change for SFY0708.	\$ 57,383,011	\$ 75,787,123	\$ 133,170,134
46B	Qualified Medicare Beneficiary	An estimate of any retroactive payments that may be required.	TBD	TBD	TBD

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Item #	Issue	Action	General Revenue	Trust Fund	Total
47A	Pharmacy Supplemental Rebate Increase by 1%	Calculate the potential savings from increasing the minimum supplemental rebate by 1%.	\$ (18,098)	\$ 18,098	\$ -
47B	Pharmacy Supplemental Rebate Increase by 2%	Calculate the potential savings from increasing the minimum supplemental rebate by 2%.	\$ (34,472)	\$ 34,472	\$ -
48	Nursing Home Staffing Decrease	Savings associated with reducing the nursing staffing to a minimum of 2.6 hours	\$ (29,224,369)	\$ (38,597,327)	\$ (67,821,696)
49	State MAC Reimbursement Methodology	Savings associated with with reducing reimbursement from 250% of the AMP to 250% of lowest AMP listed.	N/A	N/A	N/A
50	Hospital Rate Freeze	Freeze hospital inpatient and outpatient rates at the July 2007 level.	\$ (11,994,103)	\$ (15,901,096)	\$ (27,895,199)
51	Nursing Home Rate Freeze	Freeze nursing home rates at July 2007 level.	\$ (21,167,131)	\$ (27,955,940)	\$ (49,123,071)

Medicaid Impact Conference Issues

March 09, 2007

Proposal: Issue #1

Proposal Name:	NURSING HOME BED HOLD REIMBURSEMENT
Brief Description of Proposal:	REDUCES THE AMOUNT OF REIMBURSEMENT TO A NURSING HOME PROVIDER FOR BED HOLD DAYS. PLEASE PROVIDE AN ESTIMATE OF 50% AND PROVIDE LEGISLATIVE STAFF A CALCULATION MECHANISM TO ADJUST THE PERCENTAGE AND REFLECT SAVINGS.
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	1/1/2008
Total (Savings)/Cost Expected: 50%	(\$6,578,968)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Title XIX Long Term Care Reimbursement Plan will need to be amended.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Plan is adopted through rule therefore a rule change will be needed.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

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Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	Due to the required system changes, implementation is anticipated January 1, 2008.
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Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	Based on Days Assumption and SSEC 3/2007
Date Completed:	3/6/07
	Analysis of 50% Reduction
Total (Savings) Cost of Proposal:	(\$6,578,968)
General Revenue:	(\$2,710,535)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$3,868,433)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers: This analysis assumes that .5% of Nursing Home Days are bed hold days. The .5% was calculated using data provided through cost reports comparing the reported Bed Hold days to all reported days.

Medicaid Impact Conference Issues

March 09, 2007

Bed Hold Day Analysis

Assume that .5% of Nursing Home Days are Bed hold Days

Reduction if we pay for 50.00%

Total (\$6,578,968)

General Revenue (\$2,710,535)

MCTF (\$3,868,433)

Note: This policy change may create concerns from the industry related to the calculation of rates and possible considerations for modifying the reimbursement for these identified days.

Medicaid Impact Conference Issues

March 09, 2007

Proposal: Issue #2

Proposal Name:	NURSING HOME BED HOLD REIMBURSEMENT
Brief Description of Proposal:	REDUCES THE AMOUNT OF REIMBURSEMENT TO A NURSING HOME PROVIDER FOR BED HOLD DAYS. PLEASE PROVIDE AN ESTIMATE OF 75% AND PROVIDE LEGISLATIVE STAFF A CALCULATION MECHANISM TO ADJUST THE PERCENTAGE AND REFLECT SAVINGS.
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	1/1/2008
Total (Savings)/Cost Expected: 75%	(\$9,868,453)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Title XIX Long Term Care Reimbursement Plan will need to be amended.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Plan is adopted through rule therefore a rule change will be needed.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	Due to the required system changes, implementation is anticipated January 1, 2008.
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Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	Based on Days Assumption and SSEC 3/2007
Date Completed:	3/6/07
Total (Savings) Cost of Proposal:	Analysis of 75% Reduction (\$9,868,453)
General Revenue:	(\$4,065,803)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$5,802,650)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers: This analysis assumes that .5% of Nursing Home Days are bed hold days. The .5% was calculated using data provided through cost reports comparing the reported Bed Hold days to all reported days.

Medicaid Impact Conference Issues

March 09, 2007

Bed Hold Day Analysis

Assume that .5% of Nursing Home Days are Bed hold Days

Reduction if we pay for 25.00%

Total (\$9,868,452)

General Revenue (\$4,065,803)

MCTF (\$5,802,650)

Note: This policy change may create concerns from the industry related to the calculation of rates and possible considerations for modifying the reimbursement for these identified days.

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #3

Proposal Name:	KIDCARE BNET FUNDING
Brief Description of Proposal:	AN ANALYSIS OF THE ACTUAL CURRENT COST OF BNET SERVICES.
Proposed State Fiscal Year: 07/08	2007/08
Proposed Start Date: 07/01/2007	7/1/2007
Total (Cost) Expected:	(\$447,236)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Greg Bracko
Secondary Analyst:	Pat Williams- DCF
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	2/28/07
Total Cost of Proposal:	(\$447,236)
General Revenue:	(\$135,154)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$312,082)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Please see attached work papers: An analysis was made using State Fiscal Year 05-06 data. The actual per member per month cost was \$941.83 vs. the budgeted cost of \$1,000.00.

The cost calculation for State Fiscal Year 07-08 will be based on an average monthly caseload of 645 * 12 months, or annual case months 7,740. The annual case months of 7,740 * a PMPM of \$941.83 will equal an annual cost of \$7,289,764 total. Less the federal share of 69.78% or \$5,086,797. The remaining amount will leave a net of 30.22% or \$2,202,967 in General Revenue.

Medicaid Impact Conference Issues

March 09, 2007

Statement of Program Cost Behavioral Health Network Contract Year 2005-06

District	Contractor	Revenue Received	Clinical Operating Costs	% of Revenue	Administrative Costs	% of Revenue	Total Operating Costs	% of Revenue	Surplus / (Deficit)	% Of Revenue
All	All 17 Contractors	\$4,623,347	\$3,784,469	81.9%	\$561,145	12.1%	\$4,345,615	94.0%	\$277,732	6.0%

Average Cost of Care Calculation					
Contractor	Revenue Received	Total Enrollment Months	Avg. Cost/Mo.	Avg. Surplus/Mo.	% of Revenue
All 17 Contractors	\$4,623,347	4,614	\$941.83	\$60.19	6.02%

Note: The above calculations are derived from summary statements reported to all DCF districts by their Behavioral Health Network (BNet) lead agency contractors relative to the 2005-2006 contract year.

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #4A

Proposal Name:	DISABLED IN NURSING HOMES
Brief Description of Proposal:	PROVIDE ESTIMATE OF SAVINGS BY REMOVING ALL DISABLED INDIVIDUALS THAT DO NOT REQUIRE SKILLED NURSING SERVICES FROM NURSING HOMES (PHASED-IN)
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	01/01/2008
Total (Savings) Expected:	(\$10,356)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	Current waivers, such as the Aged and Disabled Adult Waiver, Developmental Disabilities Services Waiver, Traumatic Brain and Spinal Cord Injury Waiver, and possibly the Adult Cystic Fibrosis Waiver, would have to be amended to increase the number of recipients who could be served under each to accommodate additional recipients.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	Staff resources will be required to provide case management and transition services for all individuals to be transitioned out of nursing facilities to community-based care. Typically this staffing is provided by private providers under contract with the Agency or enrolled as specific-waiver case management providers.
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Based on data on nursing home residents for the calendar year 2005, approximately 5,200 individuals are age 18 to 59 years and are disabled. Of this group, 1,936 are assessed as requiring skilled nursing home care, 3,179 are assessed at an Intermediate I level of care, and 84 are assessed at an Intermediate II level of care.

While it may be possible to provide adequate community-based care and services for individuals currently receiving skilled care in nursing homes, it is not likely to produce large savings given their assessed need for nursing and other skilled care.

Those individuals assessed at an Intermediate I and Intermediate II level of care are more likely to be able to transition to one of the community-based waiver programs and be served in their own homes with support services or in assisted living facilities with additional care and services.

It is important to note that individuals with disabilities currently living in nursing homes should be given the option of transitioning to community living, but they cannot be forced into making such a decision. At the present time, we do not have the data to determine the number of individuals who desire community alternatives nor the extent of their service needs.

DOH Traumatic Brain and Spinal Cord Injury program identifies and follows individuals with brain and spinal cord injury, some of whom reside in nursing homes. Many of the individuals with disabilities currently residing in nursing homes are medically complex and have secondary complications, including mental health and substance abuse problems. Many have no families or natural supports that are typically needed to assist individuals served under waiver programs. A further complicating factor is the lack of affordable housing for these individuals to move into from nursing homes as waiver funds cannot be used for room and board expenditures. Often individuals transitioned to the community have no furniture, no utensils or other household items necessary to establish a home and there is no funding to purchase these needed furnishings. The Traumatic Brain and Spinal Cord Injury program provides up-front prevention services to divert or limit nursing home placements for those with brain and spinal cord injury.

A related issue that should also be considered in determining potential costs and savings is that far more disabled adults than currently reside in nursing homes have been maintained in their family homes with little or no support through Medicaid. In many instances, family members have been forced to give up gainful employment or otherwise to make extreme sacrifices to care for their relatives with disabilities. Once again, there is nothing in this exercise that would offer them support or assistance. The only way to obtain community-based services is if one is already institutionalized.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	
Comment:	Calculations based on FY 0708 SSEC
Date Completed:	3/6/07
Total (Savings) Cost of Proposal:	(\$10,356)
General Revenue:	(\$4,462)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$5,894)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

There are currently 84 beds occupied by NH Intermediate Level II care that could possibly be subject to transition. It is assumed that only about half would be willing to transition.

AHCA

A	Base Factors			Explanation and Source
B	NH Avg. PMPM		\$4,514.91	Updated 0708 SSEC
C	Add non nursing home items		\$359.65	Updated 0708 SSEC
D	Avg PACE PMPM	\$2,367		Updated 0708 SSEC
E				
F	Diversion Effectiveness Adjustment	2		Assumption of 2:1 in SSEC
G	Cost of diversion @ 2 for 1		\$4,734	(D*F)
H	Net NH PMPM Savings		(\$141)	G- (B+C)
I	Annualized NH pmpm savings		(\$1,690.76)	H*12
J	No. of Slots to transition	42		Based on claims data for level of care recipients
K	No. of slots for Full Transitions	21	\$ (35,506)	Annual Savings

This is an expansion of current program and will require Waiver amendments and possible contracts. Therefore, implementation will be delayed for 6 months due to program and implementation issues.

Medicaid Impact Conference Issues

March 09, 2007

Nursing Home Services Impact – Savings

	Transitioned MM	True Transitioned MM	Months in Transition	SavingsPer MM	Total Annual Savings
Jul-07	-	-	12	(\$141)	\$0
Aug-07	-	-	11	(\$141)	\$0
Sep-07	-	-	10	(\$141)	\$0
Oct-07	-	-	9	(\$141)	\$0
Nov-07	-	-	8	(\$141)	\$0
Dec-07	-	-	7	(\$141)	\$0
Jan-08	7	4	6	(\$141)	(\$2,959)
Feb-08	7	4	5	(\$141)	(\$2,466)
Mar-08	7	4	4	(\$141)	(\$1,973)
Apr-08	7	4	3	(\$141)	(\$1,479)
May-08	7	4	2	(\$141)	(\$986)
Jun-08	7	4	1	(\$141)	(\$493)
	42			Total Savings	<u>(\$10,356)</u>

TOTAL COST	1	(\$10,355.90)
TOTAL GENERAL REVENUE	0.4309	(\$4,462.36)
TOTAL MEDICAL CARE TRUST FUND	0.5691	(\$5,893.54)
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0	\$0.00
		\$0.00

Medicaid Impact Conference Issues

March 09, 2007

Cost of transitioned recipients for program

	SlotsPerMonth	Months Transitioned	Cost Per Slot	Total Cost
Jul-07	-	12	\$2,367	\$0
Aug-07	-	11	\$2,367	\$0
Sep-07	-	10	\$2,367	\$0
Oct-07	-	9	\$2,367	\$0
Nov-07	-	8	\$2,367	\$0
Dec-07	-	7	\$2,367	\$0
Jan-08	7	6	\$2,367	\$99,407
Feb-08	7	5	\$2,367	\$82,839
Mar-08	7	4	\$2,367	\$66,271
Apr-08	7	3	\$2,367	\$49,703
May-08	7	2	\$2,367	\$33,136
Jun-08	7	1	\$2,367	\$16,568
	42		Total Cost	<u>\$347,924</u>

TOTAL COST	1	\$347,924.01
TOTAL GENERAL REVENUE	0.4309	\$149,592.34
TOTAL MEDICAL CARE TRUST FUND	0.5691	\$197,570.21
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	\$761.46

Medicaid Impact Conference Issues

March 09, 2007

Breakdown of Services Budget Impacts

Reduction to NH Line item

Total	\$	358,280
GR	\$	154,055
MCTF	\$	203,464
G&D	\$	761

Increase to Transition Program

Total	\$	347,924
GR	\$	149,592
MCTF	\$	197,570
G&D	\$	761

Net Savings

Total	\$	(10,356)
GR	\$	(4,462)
MCTF	\$	(5,894)
G&D	\$	-

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #4B

Proposal Name:	DISABLED IN NURSING HOMES
Brief Description of Proposal:	PROVIDE ESTIMATE OF SAVINGS BY REMOVING ALL DISABLED INDIVIDUALS THAT DO NOT REQUIRE SKILLED NURSING SERVICES FROM NURSING HOMES (ANNUALIZED)
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	01/01/2008
Total (Savings) Expected:	(\$35,506)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	Current waivers, such as the Aged and Disabled Adult Waiver, Developmental Disabilities Services Waiver, Traumatic Brain and Spinal Cord Injury Waiver, and possibly the Adult Cystic Fibrosis Waiver, would have to be amended to increase the number of recipients who could be served under each to accommodate additional recipients.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	Staff resources will be required to provide case management and transition services for all individuals to be transitioned out of nursing facilities to community-based care. Typically this staffing is provided by private providers under contract with the Agency or enrolled as specific-waiver case management providers.
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Based on data on nursing home residents for the calendar year 2005, approximately 5,200 individuals are age 18 to 59 years and are disabled. Of this group, 1,936 are assessed as requiring skilled nursing home care, 3,179 are assessed at an Intermediate I level of care, and 84 are assessed at an Intermediate II level of care.

While it may be possible to provide adequate community-based care and services for individuals currently receiving skilled care in nursing homes, it is not likely to produce large savings given their assessed need for nursing and other skilled care.

Those individuals assessed at an Intermediate I and Intermediate II level of care are more likely to be able to transition to one of the community-based waiver programs and be served in their own homes with support services or in assisted living facilities with additional care and services.

It is important to note that individuals with disabilities currently living in nursing homes should be given the option of transitioning to community living, but they cannot be forced into making such a decision. At the present time, we do not have the data to determine the number of individuals who desire community alternatives nor the extent of their service needs.

DOH Traumatic Brain and Spinal Cord Injury program identifies and follows individuals with brain and spinal cord injury, some of whom reside in nursing homes. Many of the individuals with disabilities currently residing in nursing homes are medically complex and have secondary complications, including mental health and substance abuse problems. Many have no families or natural supports that are typically needed to assist individuals served under waiver programs. A further complicating factor is the lack of affordable housing for these individuals to move into from nursing homes as waiver funds cannot be used for room and board expenditures. Often individuals transitioned to the community have no furniture, no utensils or other household items necessary to establish a home and there is no funding to purchase these needed furnishings. The Traumatic Brain and Spinal Cord Injury program provides up-front prevention services to divert or limit nursing home placements for those with brain and spinal cord injury.

A related issue that should also be considered in determining potential costs and savings is that far more disabled adults than currently reside in nursing homes have been maintained in their family homes with little or no support through Medicaid. In many instances, family members have been forced to give up gainful employment or otherwise to make extreme sacrifices to care for their relatives with disabilities. Once again, there is nothing in this exercise that would offer them support or assistance. The only way to obtain community-based services is if one is already institutionalized.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Michele Hudson
Secondary Analyst:	
Comment:	Calculations based on FY 0708 SSEC
Date Completed:	3/6/07
Total (Savings) Cost of Proposal:	(\$35,506)
General Revenue:	(\$15,300)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$20,206)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

There are currently 84 beds occupied by NH Intermediate Level II care that could possibly be subject to transition. It is assumed that only about half would be willing to transition.

AHCA

NH Avg. PMPM		\$4,514.91	Updated 0708 SSEC
Add non nursing home items		\$359.65	
Avg PACE PMPM	\$2,367		Updated 0708 SSEC
Diversion Effectiveness Adjustment	2		
Cost of diversion @ 2 for 1		\$4,734	
Net NH PMPM Savings		(\$141)	
Annualized NH pmpm savings		(\$1,690.76)	
No. of Slots to transition	84		
No. of slots for diversions	42	\$ (35,506)	Annual Savings

Medicaid Impact Conference Issues

March 09, 2007

Nursing Home Services Impact – Savings

This is an expansion of current program and will require Waiver amendments and possible contracts. Therefore, implementation will be delayed for 6 months due to program and implementation issues.

	Transitioned MM	True Transitioned MM	Months in Transition	SavingsPer MM	Total Annual Savings
Jul-07	42	21	12	(\$141)	(\$35,506)
Aug-07	-	-	11	(\$141)	\$0
Sep-07	-	-	10	(\$141)	\$0
Oct-07	-	-	9	(\$141)	\$0
Nov-07	-	-	8	(\$141)	\$0
Dec-07	-	-	7	(\$141)	\$0
Jan-08	-	-	6	(\$141)	\$0
Feb-08	-	-	5	(\$141)	\$0
Mar-08	-	-	4	(\$141)	\$0
Apr-08	-	-	3	(\$141)	\$0
May-08	-	-	2	(\$141)	\$0
Jun-08	-	-	1	(\$141)	\$0
	42			Total Savings	<u>(\$35,506)</u>

TOTAL COST	1	(\$35,505.94)
TOTAL GENERAL REVENUE	0.4309	(\$15,299.51)
TOTAL MEDICAL CARE TRUST FUND	0.5691	(\$20,206.43)
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0	\$0.00
		\$0.00

Medicaid Impact Conference Issues

March 09, 2007

Cost of transitioned recipients for program

	SlotsPerMonth	Months in Diversion	Cost Per Slot	Total Cost
Jul-07	42	12	\$2,367	\$1,192,882
Aug-07	-	11	\$2,367	\$0
Sep-07	-	10	\$2,367	\$0
Oct-07	-	9	\$2,367	\$0
Nov-07	-	8	\$2,367	\$0
Dec-07	-	7	\$2,367	\$0
Jan-08	-	6	\$2,367	\$0
Feb-08	-	5	\$2,367	\$0
Mar-08	-	4	\$2,367	\$0
Apr-08	-	3	\$2,367	\$0
May-08	-	2	\$2,367	\$0
Jun-08	-	1	\$2,367	\$0
	42		Total Cost	<u>\$1,192,882</u>

TOTAL COST	1	\$1,192,882.32
TOTAL GENERAL REVENUE	0.4309	\$512,888.03
TOTAL MEDICAL CARE TRUST FUND	0.5691	\$677,383.57
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	\$2,610.72

Medicaid Impact Conference Issues

March 09, 2007

Breakdown of Services Budget Impacts

Reduction to NH Line item

Total	\$	1,228,388
GR	\$	528,188
MCTF	\$	697,590
G&D	\$	2,611

Increase to NH Diversion Program

Total	\$	1,192,882
GR	\$	512,888
MCTF	\$	677,384
G&D	\$	2,611

Net

Savings	\$	(35,506)
Total	\$	(15,300)
GR	\$	(20,206)
MCTF	\$	-
G&D		

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #5

Proposal Name:	ASSISTIVE CARE SERVICES RATE INCREASE
Brief Description of Proposal:	\$2 DOLLAR PER DAY INCREASE
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$7,084,321
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	This policy change would require a revision to the handbook regarding the rate change. It is anticipated that October 1, 2006 would be a reasonable implementation date barring any protest during the rule change process.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	Modifications to the existing Assistive Care Services & Assisted Living for the Elderly 1915 (c) waiver. There is a 90 day period for waiver amendments, therefore, it is anticipated that October 1, 2006 would be the earliest the program could be implemented.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>The cost analysis for this issue is based on the assumption that there will be an increase of \$2.00 per day for this service.</p> <p>Savings are not expected due to the policy change since there are currently other avenues for diversion from nursing home care. Persons can enroll in the ADA waiver or the Nursing Home Diversion program. A person enrolled in the ADA waiver may receive also ACS. It is anticipated that savings due to diversion are captured in these programs. Additional savings are possible if current programs reach 100% occupancy in the future.</p>
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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$7,084,321
General Revenue:	\$2,261,513
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$4,822,808
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

Assistive Care Increase
FY0708

			Increase
Claims	284,352	284,352	
days	3,542,160	3,542,160	
Cost per Day	\$9.28	\$11.28	
Total cost	\$32,871,249	\$39,955,570	\$7,084,321
Other State Funds	\$14,164,222	\$16,425,735	\$2,261,513
Medical Care TF	\$18,707,027	\$23,529,835	\$4,822,808

Codes identified for analysis

T1020	135,500	2,673,085	24,774,340.84	9.2680707	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT
W9657	4,824	132,555	1,221,375.25	9.2141017	ASSISTIVE CARE SERVICES FOR ALE WAIVER PARTICIPANTS
W9659	54,417	1,032,593	9,581,728.04	9.2792882	ASSISTIVE CARE STATE PLAN SERVICES
	194,741	3,838,233	35,577,444.13		
		19.70942431			

ASSISTIVE CARE SERVICES WAIVER

	FY0304	FY0708	
MEDICAID CASELOAD	2,032,205	1,988,603	
MEDICAID UTILIZATION RATE	0.80%	1.19%	
MEDICAID SERVICES PER MONTH	16,275	23,696	284352
MEDICAID UNIT COST	\$183.21	\$115.60	12.456956
MEDICAID TOTAL COST	\$35,780,502	\$32,871,249	
TOTAL COST	\$35,780,502	\$32,871,249	
TOTAL OTHER STATE FUNDS	\$13,732,134	\$14,164,222	
TOTAL MEDICAL CARE TRUST FUND	\$22,046,596	\$18,707,027	
TOTAL REFUGEE ASSISTANCE TF	\$1,772	\$0	
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #6A

Proposal Name:	NURSING HOME DIVERSION
Brief Description of Proposal:	CALCULATE AN ESTIMATE OF COST OR SAVINGS BY INCREASING THE NURSING HOME DIVERSION PROGRAM BY 1,000 SLOTS (PHASED-IN)
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	(\$4,168,309)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	Expansion will require approval of amendment to the Nursing Home Diversion Waiver’s 1915 authority to enroll 1,000 additional slots.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>A provider may dis-enroll any recipients who become ineligible for Medicaid and the program. A recipient may voluntarily opt out of the Diversion program at anytime. Providers are responsible for all Medicare premiums, deductibles, co-pays for the life of the recipient for the duration of enrollment in the program.</p>
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Program Analysis:

Lead Analyst:	S. Michele Hudson
Secondary Analyst:	
Comment:	Calculations based on FY 2005/06 data and SSEC projections
Date Completed:	3/5/07
Total (Savings) Cost of Proposal:	(\$4,168,309)
General Revenue:	(\$1,792,193)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$2,366,993)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$9,123)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

AHCA

NH Avg. PMPM		\$4,514.91	Updated 0607 SSEC
Add non nursing home items		\$359.65	
Diversion PMPM	\$1,796		Updated 0607 SSEC
Diversion Effectiveness Adjustment	2		
Cost of diversion @ 2 for 1		\$3,592	
Net NH PMPM Savings		\$1,283	
Annualized NH pmpm savings		\$15,390.68	
No. of Additional Diversion Slots	1,000		
No. of diverted recipis	500	\$	7,695,339
Total Savings From Additional Slots			Annual Savings

Note: Medicaid Services anticipate Diversion to have 10,000 slots full on 07/01/2007.

Medicaid Impact Conference Issues

March 09, 2007

Nursing Home Services Impact - Savings

	SlotsPerMonth	Slots filled due to diversion	Months in Diversion	SavingsPerSlot	Total Annual Savings
Jul-07	83	42	12	\$1,283	\$638,713
Aug-07	84	42	11	\$1,283	\$592,541
Sep-07	83	42	10	\$1,283	\$532,261
Oct-07	83	42	9	\$1,283	\$479,035
Nov-07	84	42	8	\$1,283	\$430,939
Dec-07	83	42	7	\$1,283	\$372,583
Jan-08	83	42	6	\$1,283	\$319,357
Feb-08	84	42	5	\$1,283	\$269,337
Mar-08	83	42	4	\$1,283	\$212,904
Apr-08	83	42	3	\$1,283	\$159,678
May-08	84	42	2	\$1,283	\$107,735
Jun-08	83	42	1	\$1,283	\$53,226
	1,000			Total Savings	<u>(\$4,168,309)</u>

TOTAL COST	1	(\$4,168,308.89)
TOTAL GENERAL REVENUE	0.430899999	(\$1,792,193.34)
TOTAL MEDICAL CARE TRUST FUND	0.569100001	(\$2,366,992.88)
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	(\$9,122.67)

Medicaid Impact Conference Issues

March 09, 2007

Increased Cost to Nursing Home Diversion Program

	SlotsPerMonth	Months in Diversion	Cost Per Slot	Total Cost
Jul-07	83	12	\$1,796	\$1,788,816
Aug-07	84	11	\$1,796	\$1,659,504
Sep-07	83	10	\$1,796	\$1,490,680
Oct-07	83	9	\$1,796	\$1,341,612
Nov-07	84	8	\$1,796	\$1,206,912
Dec-07	83	7	\$1,796	\$1,043,476
Jan-08	83	6	\$1,796	\$894,408
Feb-08	84	5	\$1,796	\$754,320
Mar-08	83	4	\$1,796	\$596,272
Apr-08	83	3	\$1,796	\$447,204
May-08	84	2	\$1,796	\$301,728
Jun-08	83	1	\$1,796	\$149,068
	1,000		Total Cost	<u>\$11,674,000</u>

TOTAL COST	1	\$11,674,000.00
TOTAL GENERAL REVENUE	0.430899999	\$5,019,317.33
TOTAL MEDICAL CARE TRUST FUND	0.569100001	\$6,629,133.21
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	\$25,549.46

Medicaid Impact Conference Issues

March 09, 2007

Breakdown of Services Budget Impacts

Reduction to NH Line item

Total	\$	15,842,309
GR	\$	6,811,511
MCTF	\$	8,996,126
G&D	\$	34,672

Increase to NH Diversion Program

Total	\$	11,674,000
GR	\$	5,019,317
MCTF	\$	6,629,133
G&D	\$	25,549

Net

Savings	\$	(4,168,309)
Total	\$	(1,792,193)
GR	\$	(2,366,993)
MCTF	\$	(9,123)
G&D		

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #6B

Proposal Name:	NURSING HOME DIVERSION
Brief Description of Proposal:	CALCULATE AN ESTIMATE OF COST OR SAVINGS BY INCREASING THE NURSING HOME DIVERSION PROGRAM BY 1,000 SLOTS (ANNUALIZED)
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	(\$7,695,340)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	Expansion will require approval of amendment to the Nursing Home Diversion Waiver’s 1915 authority to enroll 1,000 additional slots.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	A provider may dis-enroll any recipients who become ineligible for Medicaid and the program. A recipient may voluntarily opt out of the Diversion program at anytime. Providers are responsible for all Medicare premiums, deductibles, co-pays for the life of the recipient for the duration of enrollment in the program.
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Program Analysis:

Lead Analyst:	S. Michele Hudson
Secondary Analyst:	
Comment:	Calculations based on FY 2005/06 data and SSEC projections
Date Completed:	3/5/07
Total (Savings) Cost of Proposal:	(\$7,695,340)
General Revenue:	(\$3,308,665)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$4,369,833)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$16,842)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

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AHCA

NH Avg. PMPM		\$4,514.91	Updated 0607 SSEC
Add non nursing home items		\$359.65	
Diversion PMPM	\$1,796		Updated 0607 SSEC
Diversion Effectiveness Adjustment	2		
Cost of diversion @ 2 for 1		\$3,592	
Net NH PMPM Savings		\$1,283	
Annualized NH pmpm savings		\$15,390.68	
No. of Additional Diversion Slots	1,000		
No. of diverted recipis	500	\$	Annual Savings
Total Savings From Additional Slots		(7,695,339)	

Note: Medicaid Services anticipate Diversion to have 10,000 slots full on 07/01/2007.

Medicaid Impact Conference Issues

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Nursing Home Services Impact - Savings

	SlotsPerMonth	Slots filled due to diversion	Months in Diversion	SavingsPerSlot	Total Annual Savings
Jul-07	1,000	500	12	\$1,283	\$7,695,339
Aug-07	-	-	11	\$1,283	\$0
Sep-07	-	-	10	\$1,283	\$0
Oct-07	-	-	9	\$1,283	\$0
Nov-07	-	-	8	\$1,283	\$0
Dec-07	-	-	7	\$1,283	\$0
Jan-08	-	-	6	\$1,283	\$0
Feb-08	-	-	5	\$1,283	\$0
Mar-08	-	-	4	\$1,283	\$0
Apr-08	-	-	3	\$1,283	\$0
May-08	-	-	2	\$1,283	\$0
Jun-08	-	-	1	\$1,283	\$0
	1,000			Total Savings	<u>(\$7,695,339)</u>

TOTAL COST	1	(\$7,695,339.48)
TOTAL GENERAL REVENUE	0.430899999	(\$3,308,664.62)
TOTAL MEDICAL CARE TRUST FUND	0.569100001	(\$4,369,833.00)
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	(\$16,841.85)

Medicaid Impact Conference Issues

March 09, 2007

Increased Cost to Nursing Home Diversion Program

	SlotsPerMonth	Months in Diversion	Cost Per Slot	Total Cost
Jul-07	1,000	12	\$1,796	\$21,552,000
Aug-07	-	11	\$1,796	\$0
Sep-07	-	10	\$1,796	\$0
Oct-07	-	9	\$1,796	\$0
Nov-07	-	8	\$1,796	\$0
Dec-07	-	7	\$1,796	\$0
Jan-08	-	6	\$1,796	\$0
Feb-08	-	5	\$1,796	\$0
Mar-08	-	4	\$1,796	\$0
Apr-08	-	3	\$1,796	\$0
May-08	-	2	\$1,796	\$0
Jun-08	-	1	\$1,796	\$0
	1,000		Total Cost	<u>\$21,552,000</u>

TOTAL COST	1	\$21,552,000.00
TOTAL GENERAL REVENUE	0.430899999	\$9,266,431.99
TOTAL MEDICAL CARE TRUST FUND	0.569100001	\$12,238,399.77
TOTAL REFUGEE ASSISTANCE TF	0	\$0.00
TOTAL TOBACCO SETTLEMENT TF	0	\$0.00
TOTAL GRANTS AND DONATIONS TF	0.002188578	\$47,168.24

Medicaid Impact Conference Issues

March 09, 2007

Breakdown of Services Budget Impacts

Reduction to NH Line item

Total	\$	29,247,339
GR	\$	12,575,097
MCTF	\$	16,608,233
G&D	\$	64,010

Increase to NH Diversion Program

Total	\$	21,552,000
GR	\$	9,266,432
MCTF	\$	12,238,400
G&D	\$	47,168

Net

Savings	\$	(7,695,339)
Total	\$	(3,308,665)
GR	\$	(4,369,833)
MCTF	\$	(16,842)

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #7

Proposal Name:	CHAINS INGREDIENT COST
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF SAVINGS AS A RESULT OF REIMBURSING CHAIN PHARMACIES AWP-17% OR THE WAC EQUIVALENT
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	(\$7,386,728)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS - PHARMACY

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	409.912(39)(a)2; currently reads "Reimbursement to pharmacies for Medicaid prescribed drugs shall be set at the lesser of: the average wholesale price (AWP) minus 15.4 percent, the wholesaler acquisition cost (WAC) plus 5.75 percent, the federal upper limit (FUL), the state maximum allowable cost (SMAC), or the usual and customary (UAC) charge billed by the provider."
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SPA Attachment 4.19-B, pages 4 and 4a; SPA has to be submitted to CMS within the quarter in which it is to become effective. Effective date can be retroactive to the start of the quarter.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	This will apply only to certain Medicaid pharmacies...not all...which may require an exception to current Medicaid pharmacy provider guidelines and rules.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

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Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	Pharmacies continue to be targeted for cost containment, even though their profit margin is minimal. This represents a potential disincentive for pharmacies to participate in the Medicaid program.
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Program Analysis:

Lead Analyst:	Jerry Wells
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/6/07
Total (Savings) Cost of Proposal:	(\$7,386,728)
General Revenue:	(\$2,366,803)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$3,125,894)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	(\$1,894,031)
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

2006 Quarter 4	Chain Stores	All Others	Total
Claims	2,077,394	1,442,954	3,520,348
Paid Amount	\$ 124,214,762	\$ 143,016,753	\$ 267,231,515
Dispensing Fees	\$ 8,797,134	\$ 6,232,906	\$ 15,030,040
Ingredient Cost	\$ 115,417,628	\$ 136,783,847	\$ 252,201,475
Annually:			
Claims	8,309,576	5,771,816	14,081,392
Paid Amount	\$496,859,048.00	\$572,067,012.00	\$ 1,068,926,060
Dispensing Fees	\$ 35,188,536.00	\$ 24,931,624.00	\$ 60,120,160
Ingredient Cost	\$461,670,512.00	\$547,135,388.00	\$ 1,008,805,900

Based Upon 2006 Qtr 4 Paid Claims:

		%
Chain Stores =	2,759	70.9%
All Others =	1,135	29.1%
Total	3,894	100.0%

Savings

(ingredient cost for Chains * .016)	Total Cost	\$	(7,386,728)
	GR	\$	(2,366,803)
	MCTF	\$	(3,125,894)
	G&D	\$	(1,894,031)

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #8

Proposal Name:	INGREDIENT COST
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF SAVINGS AS A RESULT OF PAYING PHARMACIES AMP PLUS \$8.00 DISPENSING FEE
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/2007
Total (Savings) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS - PHARMACY

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	409.912(39)(a)2; currently reads "Reimbursement to pharmacies for Medicaid prescribed drugs shall be set at the lesser of: the average wholesale price (AWP) minus 15.4 percent, the wholesaler acquisition cost (WAC) plus 5.75 percent, the federal upper limit (FUL), the state maximum allowable cost (SMAC), or the usual and customary (UAC) charge billed by the provider." ALSO: Implement statutory mandate requiring drug manufacturers to report AMP.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	SPA Attachment 4.19-B, pages 4 and 4a; SPA has to be submitted to CMS within the quarter in which it is to become effective. Effective date can be retroactive to the start of the quarter.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	May require changes to current Medicaid pharmacy provider guidelines and rules.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	

Medicaid Impact Conference Issues

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Language Provided In the Governors Recommendations	
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	<p>A federal rule change is currently in development that defines AMP and clarifies the process in which states will receive AMP data. Therefore, the state is unable to determine the cost savings associated with this rule change and how it relates to the proposed issue for this conference.</p> <p>In addition, Pharmacies continue to be targeted for cost containment, even though their profit margin is minimal. This represents a potential disincentive for pharmacies to participate in the Medicaid program.</p>

Program Analysis:

Lead Analyst:	Jerry Wells
Secondary Analyst:	
Comment:	Pending Federal Rule Implementation
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	N/A
General Revenue:	N/A
Administrative Trust Fund:	
Medical Health Care Trust Fund:	N/A
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	N/A
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #9a

Proposal Name:	CHILD DENTAL FEE
Brief Description of Proposal:	INCREASE RATE BY 10%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$8,427,819
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a two percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/6/07
Total (Savings) Cost of Proposal:	\$8,427,819
General Revenue:	\$3,594,142
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$4,746,870
Refugee Assistance Trust Fund:	\$86,807
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

Adjustment within model

2.00% increase in Utilization
 10.00% increase in rate

101029	Early & Periodic Screening/Children (EPSDT)	Current Rate	Increased Rate	Net	
	DENTAL CASELOAD	629,979	629,979	0	
	DENTAL UTILIZATION RATE	54.95%	56.05%	1.10%	
	DENTAL SERVICES PER MONTH	346,174	353,103	6,929	
	DENTAL UNIT COST	\$16.67	\$18.33	\$1.66	
	DENTAL TOTAL COST	\$69,240,717	\$77,668,536	\$8,427,819	1.121718
		\$9.16			
	TOTAL COST	\$69,240,717	\$77,668,536	\$8,427,819	
	TOTAL GENERAL REVENUE	\$29,528,516	\$33,122,658	\$3,594,142	
	TOTAL MEDICAL CARE TRUST FUND	\$38,999,022	\$43,745,892	\$4,746,870	
	TOTAL REFUGEE ASSISTANCE TF	\$713,179	\$799,986	\$86,807	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #9b

Proposal Name:	CHILD DENTAL FEE
Brief Description of Proposal:	INCREASE RATE BY 20%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$17,167,203
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a four percent increase in utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/6/07
Total (Savings) Cost of Proposal:	\$17,167,203
General Revenue:	\$7,321,155
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$9,669,225
Refugee Assistance Trust Fund:	\$176,823
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

Adjustment within model

4.00% increase in Utilization
20.00% increase in rate

101029	Early & Periodic Screening/Children (EPSDT)	Current Rate	Increased Rate	
	DENTAL CASELOAD	629,979	629,979	0
	DENTAL UTILIZATION RATE	54.95%	57.15%	2.20%
	DENTAL SERVICES PER MONTH	346,174	360,033	13,859
	DENTAL UNIT COST	\$16.67	\$20.00	\$3.33
	DENTAL TOTAL COST	\$69,240,717	\$86,407,920	\$17,167,203
		\$9.16		
	TOTAL COST	\$69,240,717	\$86,407,920	\$17,167,203
	TOTAL GENERAL REVENUE	\$29,528,516	\$36,849,671	\$7,321,155
	TOTAL MEDICAL CARE TRUST FUND	\$38,999,022	\$48,668,247	\$9,669,225
	TOTAL REFUGEE ASSISTANCE TF	\$713,179	\$890,002	\$176,823

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #9c

Proposal Name:	CHILD DENTAL FEE
Brief Description of Proposal:	INCREASE RATE BY 30%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$26,184,342
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a six percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/6/07
Total (Savings) Cost of Proposal:	\$26,184,342
General Revenue:	\$11,166,620
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$14,748,023
Refugee Assistance Trust Fund:	\$269,699
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

Adjustment within model

6.00% increase in Utilization
30.00% increase in rate

101029	Early & Periodic Screening/Children (EPSDT)	Current Rate	Increased Rate	
	DENTAL CASELOAD	629,979	629,979	0
	DENTAL UTILIZATION RATE	54.95%	58.25%	3.30%
	DENTAL SERVICES PER MONTH	346,174	366,963	20,789
	DENTAL UNIT COST	\$16.67	\$21.67	\$5.00
	DENTAL TOTAL COST	\$69,240,717	\$95,425,059	\$26,184,342
		\$9.16		
	TOTAL COST	\$69,240,717	\$95,425,059	\$26,184,342
	TOTAL GENERAL REVENUE	\$29,528,516	\$40,695,136	\$11,166,620
	TOTAL MEDICAL CARE TRUST FUND	\$38,999,022	\$53,747,045	\$14,748,023
	TOTAL REFUGEE ASSISTANCE TF	\$713,179	\$982,878	\$269,699

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #9d

Proposal Name:	CHILD DENTAL FEE
Brief Description of Proposal:	INCREASE RATE BY 40%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$35,479,234
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes an eight percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/6/07
Total (Savings) Cost of Proposal:	\$35,479,234
General Revenue:	\$15,130,536
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$19,983,262
Refugee Assistance Trust Fund:	\$365,436
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

Adjustment within model

8.00% increase in Utilization
40.00% increase in rate

101029	Early & Periodic Screening/Children (EPSDT)	Current Rate	Increased Rate	
	DENTAL CASELOAD	629,979	629,979	0
	DENTAL UTILIZATION RATE	54.95%	59.35%	4.40%
	DENTAL SERVICES PER MONTH	346,174	373,893	27,719
	DENTAL UNIT COST	\$16.67	\$23.34	\$6.67
	DENTAL TOTAL COST	\$69,240,717	\$104,719,951	\$35,479,234
		\$9.16		
	TOTAL COST	\$69,240,717	\$104,719,951	\$35,479,234
	TOTAL GENERAL REVENUE	\$29,528,516	\$44,659,052	\$15,130,536
	TOTAL MEDICAL CARE TRUST FUND	\$38,999,022	\$58,982,284	\$19,983,262
	TOTAL REFUGEE ASSISTANCE TF	\$713,179	\$1,078,615	\$365,436

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #10

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE ENTIRE FEE SCHEDULE TO MEDICARE RATES
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$963,226,099
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$963,226,099
General Revenue:	\$412,936,102
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$545,613,747
Refugee Assistance Trust Fund:	\$4,676,250
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

All At Medicare Rates

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	154.43%	7.35%
MEDICAID SERVICES/MONTH	1,282,831	1,346,973	64,142
MEDICAID UNIT COST	\$41.86	\$75.54	\$33.68
MEDICAID TOTAL COST	\$644,329,899	\$1,220,989,908	\$576,660,009
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	13.47%	0.64%
CROSSOVER SERVICES/MONTH	49,285	51,749	2,464
CROSSOVER UNIT COST	\$34.36	\$62.02	\$27.65
CROSSOVER COST	\$20,323,982	\$38,513,465	\$18,189,483
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$708,653,881	\$1,303,503,373	\$594,849,492
TOTAL GENERAL REVENUE	\$202,522,536	\$457,671,547	\$255,149,011
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$757,813,008	\$337,125,977
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$5,451,121	\$2,574,504
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.98%	0.38%
SCREENING SERVICES PER MONTH	47,881	50,275	2,394
SCREENING UNIT COST	\$71.80	\$129.58	\$57.78
SCREENING TOTAL COST	\$41,255,386	\$78,175,614	\$36,920,228

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.52%	0.26%
VISUAL SERVICES PER MONTH	33,141	34,798	1,657
VISUAL SERVICES UNIT COST	\$22.61	\$40.80	\$18.19
VISUAL SERVICES TOTAL COST	\$8,990,907	\$17,037,101	\$8,046,194

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.43%	0.02%
HEARING SERVICES PER MONTH	2,564	2,692	128
HEARING SERVICES UNIT COST	\$52.23	\$94.25	\$42.02
HEARING SERVICES TOTAL COST	\$1,606,884	\$3,044,652	\$1,437,768

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$167,498,084	\$46,404,190
TOTAL GENERAL REVENUE	\$52,091,043	\$72,052,765	\$19,961,722
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$95,236,403	\$26,384,589
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$208,916	\$57,879
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.80%	0.51%
VISUAL SERVICES PER MONTH	64,462	67,685	3,223
VISUAL SERVICES UNIT COST	\$14.90	\$26.88	\$11.98
VISUAL SERVICES TOTAL COST	\$11,523,098	\$21,832,474	\$10,309,376

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.17%	0.01%
CROSSOVER SERVICES/MONTH	1,019	1,070	51
CROSSOVER UNIT COST	\$19.26	\$34.76	\$15.50
CROSSOVER COST	\$235,519	\$446,318	\$210,799

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.32%	0.02%
HEARING SERVICES PER MONTH	1,891	1,986	95
HEARING SERVICES UNIT COST	\$90.00	\$162.42	\$72.42
HEARING SERVICES TOTAL COST	\$2,042,201	\$3,870,793	\$1,828,592

Medicaid Impact Conference Issues

March 09, 2007

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
TOTAL COST	\$38,763,009	\$51,111,776	\$12,348,767
TOTAL GENERAL REVENUE	\$16,406,394	\$21,632,994	\$5,226,600
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$28,571,214	\$6,902,896
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$907,568	\$219,271
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,172	56
MEDICAID UNIT COST	\$109.42	\$197.48	\$88.06
MEDICAID TOTAL COST	\$1,465,371	\$2,777,359	\$1,311,988
TOTAL COST	\$1,465,371	\$2,777,359	\$1,311,988
TOTAL GENERAL REVENUE	\$631,428	\$1,196,763	\$565,335
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$1,580,596	\$746,653
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.44%	0.07%
MEDICAID SERVICES PER MONTH	27,228	28,589	1,361
MEDICAID UNIT COST	\$58.60	\$105.76	\$47.16
MEDICAID TOTAL COST	\$19,146,869	\$36,282,872	\$17,136,003

Medicaid Impact Conference Issues

March 09, 2007

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.37%	0.02%
CROSSOVER SERVICES/MONTH	1,463	1,536	73
CROSSOVER UNIT COST	\$20.17	\$36.40	\$16.23
CROSSOVER COST	\$354,136	\$670,925	\$316,789
TOTAL COST	\$19,501,005	\$36,953,797	\$17,452,792
TOTAL GENERAL REVENUE	\$8,397,110	\$15,912,262	\$7,515,152
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$21,019,362	\$9,927,168
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$22,173	\$10,472
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.73%	0.04%
MEDICAID SERVICES PER MONTH	6,055	6,358	303
MEDICAID UNIT COST	\$37.20	\$67.13	\$29.93
MEDICAID TOTAL COST	\$2,702,664	\$5,121,750	\$2,419,086
TOTAL COST	\$2,702,664	\$5,121,750	\$2,419,086
TOTAL GENERAL REVENUE	\$1,149,278	\$2,177,968	\$1,028,690
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$2,881,112	\$1,360,796
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$62,670	\$29,600
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	
UNIT COST	\$222.73	\$255.56	
TOTAL COST	\$1,956,846,720	\$2,245,286,504	
CASELOAD-MENTAL HEALTH	555,629	555,629	
UNIT COST	\$41.45	\$41.45	
TOTAL COST	\$276,370,279	\$276,370,279	
TOTAL COST	\$2,233,216,999	\$2,521,656,783	\$288,439,784
TOTAL GENERAL REVENUE	\$956,106,166	\$1,079,595,758	\$123,489,592
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,426,459,999	\$163,165,668
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$15,601,026	\$1,784,524
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0
TOTAL COST	\$3,125,396,823	\$4,088,622,922	\$963,226,099
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,650,240,057	\$412,936,102
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$2,333,561,694	\$545,613,747
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$22,253,474	\$4,676,250
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #11

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE ENTIRE FEE SCHEDULE TO MEDICARE RATES – CHILDREN ONLY
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$424,845,458
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$424,845,458
General Revenue:	\$182,131,654
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$240,651,122
Refugee Assistance Trust Fund:	\$2,062,682
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

Children At Medicare Rates

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	150.64%	3.56%
MEDICAID SERVICES/MONTH	1,282,831	1,313,921	31,090
MEDICAID UNIT COST	\$41.86	\$56.99	\$15.14
MEDICAID TOTAL COST	\$644,329,899	\$898,601,931	\$254,272,032
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	13.14%	0.31%
CROSSOVER SERVICES/MONTH	49,285	50,479	1,194
CROSSOVER UNIT COST	\$34.36	\$46.79	\$12.43
CROSSOVER COST	\$20,323,982	\$28,344,439	\$8,020,457
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$708,653,881	\$970,946,370	\$262,292,489
TOTAL GENERAL REVENUE	\$202,522,536	\$315,027,749	\$112,505,213
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$569,339,107	\$148,652,076
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$4,011,817	\$1,135,200
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.78%	0.18%
SCREENING SERVICES PER MONTH	47,881	49,041	1,160
SCREENING UNIT COST	\$71.80	\$97.77	\$25.97
SCREENING TOTAL COST	\$41,255,386	\$57,536,863	\$16,281,477

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.39%	0.13%
VISUAL SERVICES PER MONTH	33,141	33,944	803
VISUAL SERVICES UNIT COST	\$22.61	\$30.78	\$8.17
VISUAL SERVICES TOTAL COST	\$8,990,907	\$12,537,556	\$3,546,649

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.42%	0.01%
HEARING SERVICES PER MONTH	2,564	2,626	62
HEARING SERVICES UNIT COST	\$52.23	\$71.11	\$18.88
HEARING SERVICES TOTAL COST	\$1,606,884	\$2,240,818	\$633,934

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$141,555,954	\$20,462,060
TOTAL GENERAL REVENUE	\$52,091,043	\$60,893,221	\$8,802,178
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$80,486,174	\$11,634,360
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$176,559	\$25,522
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.54%	0.25%
VISUAL SERVICES PER MONTH	64,462	66,024	1,562
VISUAL SERVICES UNIT COST	\$14.90	\$20.28	\$5.38
VISUAL SERVICES TOTAL COST	\$11,523,098	\$16,067,601	\$4,544,503

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.17%	0.01%
CROSSOVER SERVICES/MONTH	1,019	1,044	25
CROSSOVER UNIT COST	\$19.26	\$26.23	\$6.97
CROSSOVER COST	\$235,519	\$328,609	\$93,090

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,937	46
HEARING SERVICES UNIT COST	\$90.00	\$122.54	\$32.54
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,848,320	\$806,119
CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
TOTAL COST	\$38,763,009	\$44,206,721	\$5,443,712
TOTAL GENERAL REVENUE	\$16,406,394	\$18,710,438	\$2,304,044
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$24,711,324	\$3,043,006
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$784,959	\$96,662
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,143	27
MEDICAID UNIT COST	\$109.42	\$148.99	\$39.57
MEDICAID TOTAL COST	\$1,465,371	\$2,043,547	\$578,176
TOTAL COST	\$1,465,371	\$2,043,547	\$578,176
TOTAL GENERAL REVENUE	\$631,428	\$880,564	\$249,136
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$1,162,983	\$329,040
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.40%	0.03%
MEDICAID SERVICES PER MONTH	27,228	27,888	660
MEDICAID UNIT COST	\$58.60	\$79.79	\$21.19
MEDICAID TOTAL COST	\$19,146,869	\$26,702,202	\$7,555,333
CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.36%	0.01%
CROSSOVER SERVICES/MONTH	1,463	1,498	35
CROSSOVER UNIT COST	\$20.17	\$27.47	\$7.30
CROSSOVER COST	\$354,136	\$493,801	\$139,665
TOTAL COST	\$19,501,005	\$27,196,003	\$7,694,998
TOTAL GENERAL REVENUE	\$8,397,110	\$11,710,567	\$3,313,457
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$15,469,118	\$4,376,924
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$16,318	\$4,617
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.71%	0.02%
MEDICAID SERVICES PER MONTH	6,055	6,202	147
MEDICAID UNIT COST	\$37.20	\$50.65	\$13.45
MEDICAID TOTAL COST	\$2,702,664	\$3,769,576	\$1,066,912
TOTAL COST	\$2,702,664	\$3,769,576	\$1,066,912
TOTAL GENERAL REVENUE	\$1,149,278	\$1,602,970	\$453,692
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$2,120,481	\$600,165
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$46,125	\$13,055
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	
UNIT COST	\$222.73	\$237.22	
TOTAL COST	\$1,956,846,720	\$2,084,153,831	
CASELOAD-MENTAL HEALTH	555,629	555,629	
UNIT COST	\$41.45	\$41.45	
TOTAL COST	\$276,370,279	\$276,370,279	
TOTAL COST	\$2,233,216,999	\$2,360,524,110	\$127,307,111
TOTAL GENERAL REVENUE	\$956,106,166	\$1,010,610,100	\$54,503,934
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,335,309,882	\$72,015,551
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$14,604,128	\$787,626
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0
TOTAL COST	\$3,125,396,823	\$3,550,242,281	\$424,845,458
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,419,435,609	\$182,131,654
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$2,028,599,069	\$240,651,122
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$19,639,906	\$2,062,682
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #12

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE THE PRIMARY OFFICE VISITS TO MEDICARE RATES
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$217,068,170
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$217,068,170
General Revenue:	\$93,057,337
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$122,956,946
Refugee Assistance Trust Fund:	\$1,053,887
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

Primary Care At Medicare Rates

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	148.68%	1.60%
MEDICAID SERVICES/MONTH	1,282,831	1,296,824	13,993
MEDICAID UNIT COST	\$41.86	\$49.75	\$7.90
MEDICAID TOTAL COST	\$644,329,899	\$774,270,673	\$129,940,774
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	12.97%	0.14%
CROSSOVER SERVICES/MONTH	49,285	49,823	538
CROSSOVER UNIT COST	\$34.36	\$40.85	\$6.48
CROSSOVER COST	\$20,323,982	\$24,422,680	\$4,098,698
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$708,653,881	\$842,693,353	\$134,039,472
TOTAL GENERAL REVENUE	\$202,522,536	\$260,016,136	\$57,493,600
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$496,652,781	\$75,965,750
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,456,739	\$580,122
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.68%	0.08%
SCREENING SERVICES PER MONTH	47,881	48,403	522
SCREENING UNIT COST	\$71.80	\$85.35	\$13.55
SCREENING TOTAL COST	\$41,255,386	\$49,574,353	\$8,318,967

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.32%	0.06%
VISUAL SERVICES PER MONTH	33,141	33,502	361
VISUAL SERVICES UNIT COST	\$22.61	\$26.87	\$4.26
VISUAL SERVICES TOTAL COST	\$8,990,907	\$10,802,385	\$1,811,478

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,592	28
HEARING SERVICES UNIT COST	\$52.23	\$62.08	\$9.85
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,930,936	\$324,052

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$131,548,391	\$10,454,497
TOTAL GENERAL REVENUE	\$52,091,043	\$56,588,261	\$4,497,218
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$74,796,053	\$5,944,239
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$164,077	\$13,040
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.40%	0.11%
VISUAL SERVICES PER MONTH	64,462	65,165	703
VISUAL SERVICES UNIT COST	\$14.90	\$17.71	\$2.81
VISUAL SERVICES TOTAL COST	\$11,523,098	\$13,848,866	\$2,325,768

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.16%	0.00%
CROSSOVER SERVICES/MONTH	1,019	1,030	11
CROSSOVER UNIT COST	\$19.26	\$22.90	\$3.64
CROSSOVER COST	\$235,519	\$283,044	\$47,525

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,912	21
HEARING SERVICES UNIT COST	\$90.00	\$106.98	\$16.98
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,454,549	\$412,348
CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
TOTAL COST	\$38,763,009	\$41,548,650	\$2,785,641
TOTAL GENERAL REVENUE	\$16,406,394	\$17,585,413	\$1,179,019
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$23,225,477	\$1,557,159
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$737,760	\$49,463
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,128	12
MEDICAID UNIT COST	\$109.42	\$130.07	\$20.65
MEDICAID TOTAL COST	\$1,465,371	\$1,760,628	\$295,257
TOTAL COST	\$1,465,371	\$1,760,628	\$295,257
TOTAL GENERAL REVENUE	\$631,428	\$758,654	\$127,226
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$1,001,974	\$168,031
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.38%	0.01%
MEDICAID SERVICES PER MONTH	27,228	27,525	297
MEDICAID UNIT COST	\$58.60	\$69.66	\$11.06
MEDICAID TOTAL COST	\$19,146,869	\$23,008,698	\$3,861,829
CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,479	16
CROSSOVER UNIT COST	\$20.17	\$23.98	\$3.81
CROSSOVER COST	\$354,136	\$425,597	\$71,461
TOTAL COST	\$19,501,005	\$23,434,295	\$3,933,290
TOTAL GENERAL REVENUE	\$8,397,110	\$10,090,780	\$1,693,670
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$13,329,454	\$2,237,260
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$14,061	\$2,360
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.70%	0.01%
MEDICAID SERVICES PER MONTH	6,055	6,121	66
MEDICAID UNIT COST	\$37.20	\$44.21	\$7.01
MEDICAID TOTAL COST	\$2,702,664	\$3,247,313	\$544,649
TOTAL COST	\$2,702,664	\$3,247,313	\$544,649
TOTAL GENERAL REVENUE	\$1,149,278	\$1,380,884	\$231,606
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,826,695	\$306,379
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$39,734	\$6,664
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	
UNIT COST	\$222.73	\$230.13	
TOTAL COST	\$1,956,846,720	\$2,021,862,084	
CASELOAD-MENTAL HEALTH	555,629	555,629	
UNIT COST	\$41.45	\$41.45	
TOTAL COST	\$276,370,279	\$276,370,279	
TOTAL COST	\$2,233,216,999	\$2,298,232,363	\$65,015,364
TOTAL GENERAL REVENUE	\$956,106,166	\$983,941,164	\$27,834,998
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,300,072,459	\$36,778,128
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$14,218,740	\$402,238
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0
TOTAL COST	\$3,125,396,823	\$3,342,464,993	\$217,068,170
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,330,361,292	\$93,057,337
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,910,904,893	\$122,956,946
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$18,631,111	\$1,053,887
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #13

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE THE PRIMARY OFFICE VISITS TO MEDICARE RATES – CHILDREN ONLY
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$136,774,536
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$136,774,536
General Revenue:	\$58,635,393
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$77,475,126
Refugee Assistance Trust Fund:	\$664,017
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

Primary Care for Children At Medicare Rates

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	148.09%	1.01%
MEDICAID SERVICES/MONTH	1,282,831	1,291,616	8,785
MEDICAID UNIT COST	\$41.86	\$46.85	\$5.00
MEDICAID TOTAL COST	\$644,329,899	\$726,220,225	\$81,890,326
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	12.91%	0.08%
CROSSOVER SERVICES/MONTH	49,285	49,623	338
CROSSOVER UNIT COST	\$34.36	\$38.47	\$4.10
CROSSOVER COST	\$20,323,982	\$22,907,034	\$2,583,052
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$708,653,881	\$793,127,259	\$84,473,378
TOTAL GENERAL REVENUE	\$202,522,536	\$238,755,733	\$36,233,197
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$468,561,612	\$47,874,581
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,242,217	\$365,600
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.65%	0.05%
SCREENING SERVICES PER MONTH	47,881	48,209	328
SCREENING UNIT COST	\$71.80	\$80.38	\$8.58
SCREENING TOTAL COST	\$41,255,386	\$46,500,473	\$5,245,087

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.30%	0.04%
VISUAL SERVICES PER MONTH	33,141	33,368	227
VISUAL SERVICES UNIT COST	\$22.61	\$25.31	\$2.70
VISUAL SERVICES TOTAL COST	\$8,990,907	\$10,134,529	\$1,143,622

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,582	18
HEARING SERVICES UNIT COST	\$52.23	\$58.46	\$6.23
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,811,325	\$204,441

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$127,687,044	\$6,593,150
TOTAL GENERAL REVENUE	\$52,091,043	\$54,927,223	\$2,836,180
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$72,600,561	\$3,748,747
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$159,260	\$8,223
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.36%	0.07%
VISUAL SERVICES PER MONTH	64,462	64,903	441
VISUAL SERVICES UNIT COST	\$14.90	\$16.68	\$1.78
VISUAL SERVICES TOTAL COST	\$11,523,098	\$12,990,984	\$1,467,886

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.16%	0.00%
CROSSOVER SERVICES/MONTH	1,019	1,026	7
CROSSOVER UNIT COST	\$19.26	\$21.56	\$2.30
CROSSOVER COST	\$235,519	\$265,447	\$29,928

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.30%	0.00%
HEARING SERVICES PER MONTH	1,891	1,904	13
HEARING SERVICES UNIT COST	\$90.00	\$100.74	\$10.74
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,301,708	\$259,507
CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
TOTAL COST	\$38,763,009	\$40,520,330	\$1,757,321
TOTAL GENERAL REVENUE	\$16,406,394	\$17,150,178	\$743,784
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$22,650,651	\$982,333
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$719,501	\$31,204
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,124	8
MEDICAID UNIT COST	\$109.42	\$122.49	\$13.07
MEDICAID TOTAL COST	\$1,465,371	\$1,652,145	\$186,774
TOTAL COST	\$1,465,371	\$1,652,145	\$186,774
TOTAL GENERAL REVENUE	\$631,428	\$711,909	\$80,481
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$940,236	\$106,293
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.38%	0.01%
MEDICAID SERVICES PER MONTH	27,228	27,414	186
MEDICAID UNIT COST	\$58.60	\$65.60	\$7.00
MEDICAID TOTAL COST	\$19,146,869	\$21,580,301	\$2,433,432
CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,473	10
CROSSOVER UNIT COST	\$20.17	\$22.58	\$2.41
CROSSOVER COST	\$354,136	\$399,124	\$44,988
TOTAL COST	\$19,501,005	\$21,979,425	\$2,478,420
TOTAL GENERAL REVENUE	\$8,397,110	\$9,464,315	\$1,067,205
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$12,501,922	\$1,409,728
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$13,188	\$1,487
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.70%	0.01%
MEDICAID SERVICES PER MONTH	6,055	6,096	41
MEDICAID UNIT COST	\$37.20	\$41.64	\$4.44
MEDICAID TOTAL COST	\$2,702,664	\$3,046,049	\$343,385
TOTAL COST	\$2,702,664	\$3,046,049	\$343,385
TOTAL GENERAL REVENUE	\$1,149,278	\$1,295,298	\$146,020
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,713,479	\$193,163
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$37,272	\$4,202
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	
UNIT COST	\$222.73	\$227.39	
TOTAL COST	\$1,956,846,720	\$1,997,788,828	
CASELOAD-MENTAL HEALTH	555,629	555,629	
UNIT COST	\$41.45	\$41.45	
TOTAL COST	\$276,370,279	\$276,370,279	
TOTAL COST	\$2,233,216,999	\$2,274,159,107	\$40,942,108
TOTAL GENERAL REVENUE	\$956,106,166	\$973,634,692	\$17,528,526
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,286,454,612	\$23,160,281
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$14,069,803	\$253,301
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0
TOTAL COST	\$3,125,396,823	\$3,262,171,359	\$136,774,536
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,295,939,348	\$58,635,393
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,865,423,073	\$77,475,126
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$18,241,241	\$664,017
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #14a

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE ENTIRE FEE SCHEDULE BY 10%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	166,729,960
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Program Analysis:

Medicaid Impact Conference Issues

March 09, 2007

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$166,729,960
General Revenue:	\$71,477,318
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$94,443,199
Refugee Assistance Trust Fund:	\$809,443
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase all	10%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	154.43%	7.35%
MEDICAID SERVICES/MONTH	1,282,831	1,346,973	64,142
MEDICAID UNIT COST	\$41.86	\$46.04	\$4.18
MEDICAID TOTAL COST	\$644,329,899	\$744,159,995	\$99,830,096
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	13.47%	0.64%
CROSSOVER SERVICES/MONTH	49,285	51,749	2,464
CROSSOVER UNIT COST	\$34.36	\$37.80	\$3.43
CROSSOVER COST	\$20,323,982	\$23,472,905	\$3,148,923
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$708,653,881	\$811,632,900	\$102,979,019
TOTAL GENERAL REVENUE	\$202,522,536	\$246,693,365	\$44,170,829
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$479,049,529	\$58,362,498
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,322,309	\$445,692
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.98%	0.38%
SCREENING SERVICES PER MONTH	47,881	50,275	2,394
SCREENING UNIT COST	\$71.80	\$78.98	\$7.18
SCREENING TOTAL COST	\$41,255,386	\$47,648,634	\$6,393,248

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.52%	0.26%
VISUAL SERVICES PER MONTH	33,141	34,798	1,657
VISUAL SERVICES UNIT COST	\$22.61	\$24.87	\$2.26
VISUAL SERVICES TOTAL COST	\$8,990,907	\$10,385,115	\$1,394,208

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.43%	0.02%
HEARING SERVICES PER MONTH	2,564	2,692	128
HEARING SERVICES UNIT COST	\$52.23	\$57.45	\$5.22
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,855,865	\$248,981

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$129,130,331	\$8,036,437
TOTAL GENERAL REVENUE	\$52,091,043	\$55,548,082	\$3,457,039
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$73,421,188	\$4,569,374
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$161,061	\$10,024
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0
CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.80%	0.51%
VISUAL SERVICES PER MONTH	64,462	67,685	3,223
VISUAL SERVICES UNIT COST	\$14.90	\$16.39	\$1.49
VISUAL SERVICES TOTAL COST	\$11,523,098	\$13,312,286	\$1,789,188
CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.17%	0.01%
CROSSOVER SERVICES/MONTH	1,019	1,070	51
CROSSOVER UNIT COST	\$19.26	\$21.19	\$1.93
CROSSOVER COST	\$235,519	\$272,080	\$36,561

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.32%	0.02%
HEARING SERVICES PER MONTH	1,891	1,986	95
HEARING SERVICES UNIT COST	\$90.00	\$98.99	\$8.99
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,359,130	\$316,929
CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
TOTAL COST	\$38,763,009	\$40,905,687	\$2,142,678
TOTAL GENERAL REVENUE	\$16,406,394	\$17,313,279	\$906,885
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$22,866,064	\$1,197,746
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$726,344	\$38,047
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,172	56
MEDICAID UNIT COST	\$109.42	\$120.36	\$10.94
MEDICAID TOTAL COST	\$1,465,371	\$1,692,743	\$227,372
TOTAL COST	\$1,465,371	\$1,692,743	\$227,372
TOTAL GENERAL REVENUE	\$631,428	\$729,403	\$97,975
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$963,340	\$129,397
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.44%	0.07%
MEDICAID SERVICES PER MONTH	27,228	28,589	1,361
MEDICAID UNIT COST	\$58.60	\$64.46	\$5.86
MEDICAID TOTAL COST	\$19,146,869	\$22,114,163	\$2,967,294
CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.37%	0.02%
CROSSOVER SERVICES/MONTH	1,463	1,536	73
CROSSOVER UNIT COST	\$20.17	\$22.19	\$2.02
CROSSOVER COST	\$354,136	\$409,006	\$54,870
TOTAL COST	\$19,501,005	\$22,523,169	\$3,022,164
TOTAL GENERAL REVENUE	\$8,397,110	\$9,698,451	\$1,301,341
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$12,811,204	\$1,719,010
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$13,514	\$1,813
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.73%	0.04%
MEDICAID SERVICES PER MONTH	6,055	6,358	303
MEDICAID UNIT COST	\$37.20	\$40.91	\$3.71
MEDICAID TOTAL COST	\$2,702,664	\$3,121,269	\$418,605
TOTAL COST	\$2,702,664	\$3,121,269	\$418,605
TOTAL GENERAL REVENUE	\$1,149,278	\$1,327,285	\$178,007
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,755,792	\$235,476
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$38,192	\$5,122
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$228.41	\$5.68
TOTAL COST	\$1,956,846,720	\$2,006,750,405	\$49,903,685
CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0
TOTAL COST	\$2,233,216,999	\$2,283,120,684	\$49,903,685
TOTAL GENERAL REVENUE	\$956,106,166	\$977,471,408	\$21,365,242
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,291,524,029	\$28,229,698
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$14,125,247	\$308,745
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0
TOTAL COST	\$3,125,396,823	\$3,292,126,783	\$166,729,960
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,308,781,273	\$71,477,318
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,882,391,146	\$94,443,199
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$18,386,667	\$809,443
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #14b

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE ENTIRE FEE SCHEDULE BY 20%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$279,938,886
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$279,938,886
General Revenue:	\$120,010,020
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$158,569,608
Refugee Assistance Trust Fund:	\$1,359,258
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase all	20%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	154.43%	7.35%
MEDICAID SERVICES/MONTH	1,282,831	1,346,973	64,142
MEDICAID UNIT COST	\$41.86	\$50.23	\$8.37
MEDICAID TOTAL COST	\$644,329,899	\$811,852,602	\$167,522,703
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	13.47%	0.64%
CROSSOVER SERVICES/MONTH	49,285	51,749	2,464
CROSSOVER UNIT COST	\$34.36	\$41.24	\$6.87
CROSSOVER COST	\$20,323,982	\$25,608,120	\$5,284,138

Medicaid Impact Conference Issues

March 09, 2007

PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$881,460,722	\$172,806,841
TOTAL GENERAL REVENUE	\$202,522,536	\$276,644,637	\$74,122,101
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$518,623,864	\$97,936,833
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,624,524	\$747,907
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.98%	0.38%
SCREENING SERVICES PER MONTH	47,881	50,275	2,394
SCREENING UNIT COST	\$71.80	\$86.16	\$14.36
SCREENING TOTAL COST	\$41,255,386	\$51,980,328	\$10,724,942

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.52%	0.26%
VISUAL SERVICES PER MONTH	33,141	34,798	1,657
VISUAL SERVICES UNIT COST	\$22.61	\$27.13	\$4.52
VISUAL SERVICES TOTAL COST	\$8,990,907	\$11,328,837	\$2,337,930

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.43%	0.02%
HEARING SERVICES PER MONTH	2,564	2,692	128
HEARING SERVICES UNIT COST	\$52.23	\$62.67	\$10.44
HEARING SERVICES TOTAL COST	\$1,606,884	\$2,024,492	\$417,608

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$134,574,374	\$13,480,480
TOTAL GENERAL REVENUE	\$52,091,043	\$57,889,950	\$5,798,907
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$76,516,573	\$7,664,759
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$167,851	\$16,814
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.80%	0.51%
VISUAL SERVICES PER MONTH	64,462	67,685	3,223
VISUAL SERVICES UNIT COST	\$14.90	\$17.88	\$2.98
VISUAL SERVICES TOTAL COST	\$11,523,098	\$14,522,494	\$2,999,396

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.17%	0.01%
CROSSOVER SERVICES/MONTH	1,019	1,070	51
CROSSOVER UNIT COST	\$19.26	\$23.11	\$3.85
CROSSOVER COST	\$235,519	\$296,732	\$61,213

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.32%	0.02%
HEARING SERVICES PER MONTH	1,891	1,986	95
HEARING SERVICES UNIT COST	\$90.00	\$108.00	\$18.00
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,573,856	\$531,655

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$42,355,273	\$3,592,264
TOTAL GENERAL REVENUE	\$16,406,394	\$17,926,815	\$1,520,421
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$23,676,375	\$2,008,057
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$752,083	\$63,786
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,172	56
MEDICAID UNIT COST	\$109.42	\$131.31	\$21.89
MEDICAID TOTAL COST	\$1,465,371	\$1,846,744	\$381,373

TOTAL COST	\$1,465,371	\$1,846,744	\$381,373
TOTAL GENERAL REVENUE	\$631,428	\$795,762	\$164,334
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$1,050,982	\$217,039
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.44%	0.07%
MEDICAID SERVICES PER MONTH	27,228	28,589	1,361
MEDICAID UNIT COST	\$58.60	\$70.32	\$11.72
MEDICAID TOTAL COST	\$19,146,869	\$24,124,542	\$4,977,673

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.37%	0.02%
CROSSOVER SERVICES/MONTH	1,463	1,536	73
CROSSOVER UNIT COST	\$20.17	\$24.21	\$4.04
CROSSOVER COST	\$354,136	\$446,239	\$92,103

TOTAL COST	\$19,501,005	\$24,570,781	\$5,069,776
TOTAL GENERAL REVENUE	\$8,397,110	\$10,580,150	\$2,183,040
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$13,975,888	\$2,883,694
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$14,743	\$3,042
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.73%	0.04%
MEDICAID SERVICES PER MONTH	6,055	6,358	303
MEDICAID UNIT COST	\$37.20	\$44.64	\$7.44
MEDICAID TOTAL COST	\$2,702,664	\$3,405,853	\$703,189

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$2,702,664	\$3,405,853	\$703,189
TOTAL GENERAL REVENUE	\$1,149,278	\$1,448,302	\$299,024
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,915,877	\$395,561
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$41,674	\$8,604
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$232.28	\$9.55
TOTAL COST	\$1,956,846,720	\$2,040,751,683	\$83,904,963

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,317,121,962	\$83,904,963
TOTAL GENERAL REVENUE	\$956,106,166	\$992,028,359	\$35,922,193
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,310,757,996	\$47,463,665
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$14,335,607	\$519,105
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,405,335,709	\$279,938,886
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,357,313,975	\$120,010,020
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,946,517,555	\$158,569,608
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$18,936,482	\$1,359,258
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #14c

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE ENTIRE FEE SCHEDULE BY 30%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$392,889,397
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$392,889,397
General Revenue:	\$168,432,103
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$222,549,857
Refugee Assistance Trust Fund:	\$1,907,437
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase all	30%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	154.43%	7.35%
MEDICAID SERVICES/MONTH	1,282,831	1,346,973	64,142
MEDICAID UNIT COST	\$41.86	\$54.41	\$12.56
MEDICAID TOTAL COST	\$644,329,899	\$879,545,211	\$235,215,312
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	13.47%	0.64%
CROSSOVER SERVICES/MONTH	49,285	51,749	2,464
CROSSOVER UNIT COST	\$34.36	\$44.68	\$10.31
CROSSOVER COST	\$20,323,982	\$27,743,336	\$7,419,354

Medicaid Impact Conference Issues

March 09, 2007

PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$951,288,547	\$242,634,666
TOTAL GENERAL REVENUE	\$202,522,536	\$306,595,912	\$104,073,376
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$558,198,200	\$137,511,169
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,926,738	\$1,050,121
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.98%	0.38%
SCREENING SERVICES PER MONTH	47,881	50,275	2,394
SCREENING UNIT COST	\$71.80	\$93.35	\$21.55
SCREENING TOTAL COST	\$41,255,386	\$56,318,055	\$15,062,669

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.52%	0.26%
VISUAL SERVICES PER MONTH	33,141	34,798	1,657
VISUAL SERVICES UNIT COST	\$22.61	\$29.39	\$6.78
VISUAL SERVICES TOTAL COST	\$8,990,907	\$12,272,559	\$3,281,652

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.43%	0.02%
HEARING SERVICES PER MONTH	2,564	2,692	128
HEARING SERVICES UNIT COST	\$52.23	\$67.90	\$15.67
HEARING SERVICES TOTAL COST	\$1,606,884	\$2,193,442	\$586,558

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$140,024,773	\$18,930,879
TOTAL GENERAL REVENUE	\$52,091,043	\$60,234,552	\$8,143,509
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$79,615,572	\$10,763,758
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$174,649	\$23,612
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.80%	0.51%
VISUAL SERVICES PER MONTH	64,462	67,685	3,223
VISUAL SERVICES UNIT COST	\$14.90	\$19.37	\$4.47
VISUAL SERVICES TOTAL COST	\$11,523,098	\$15,732,701	\$4,209,603

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.17%	0.01%
CROSSOVER SERVICES/MONTH	1,019	1,070	51
CROSSOVER UNIT COST	\$19.26	\$25.04	\$5.78
CROSSOVER COST	\$235,519	\$321,514	\$85,995

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.32%	0.02%
HEARING SERVICES PER MONTH	1,891	1,986	95
HEARING SERVICES UNIT COST	\$90.00	\$117.00	\$27.00
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,788,344	\$746,143
CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
TOTAL COST	\$38,763,009	\$43,804,750	\$5,041,741
TOTAL GENERAL REVENUE	\$16,406,394	\$18,540,304	\$2,133,910
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$24,486,625	\$2,818,307
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$777,821	\$89,524
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,172	56
MEDICAID UNIT COST	\$109.42	\$142.25	\$32.83
MEDICAID TOTAL COST	\$1,465,371	\$2,000,604	\$535,233
TOTAL COST	\$1,465,371	\$2,000,604	\$535,233
TOTAL GENERAL REVENUE	\$631,428	\$862,060	\$230,632
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$1,138,544	\$304,601
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.44%	0.07%
MEDICAID SERVICES PER MONTH	27,228	28,589	1,361
MEDICAID UNIT COST	\$58.60	\$76.18	\$17.58
MEDICAID TOTAL COST	\$19,146,869	\$26,134,920	\$6,988,051

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.37%	0.02%
CROSSOVER SERVICES/MONTH	1,463	1,536	73
CROSSOVER UNIT COST	\$20.17	\$26.22	\$6.05
CROSSOVER COST	\$354,136	\$483,287	\$129,151

TOTAL COST	\$19,501,005	\$26,618,207	\$7,117,202
TOTAL GENERAL REVENUE	\$8,397,110	\$11,461,769	\$3,064,659
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$15,140,467	\$4,048,273
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$15,971	\$4,270
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.73%	0.04%
MEDICAID SERVICES PER MONTH	6,055	6,358	303
MEDICAID UNIT COST	\$37.20	\$48.36	\$11.16
MEDICAID TOTAL COST	\$2,702,664	\$3,689,675	\$987,011

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$2,702,664	\$3,689,675	\$987,011
TOTAL GENERAL REVENUE	\$1,149,278	\$1,568,994	\$419,716
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$2,075,534	\$555,218
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$45,147	\$12,077
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$236.12	\$13.39
TOTAL COST	\$1,956,846,720	\$2,074,489,385	\$117,642,665

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,350,859,664	\$117,642,665
TOTAL GENERAL REVENUE	\$956,106,166	\$1,006,472,467	\$50,366,301
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,329,842,862	\$66,548,531
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$14,544,335	\$727,833
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,518,286,220	\$392,889,397
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,405,736,058	\$168,432,103
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$2,010,497,804	\$222,549,857
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$19,484,661	\$1,907,437
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #15a

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE ENTIRE FEE SCHEDULE – CHILDREN ONLY BY 10%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$73,483,226
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$73,483,226
General Revenue:	\$31,502,355
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$41,624,158
Refugee Assistance Trust Fund:	\$356,713
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

Increase children 10%

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	150.64%	3.56%
MEDICAID SERVICES/MONTH	1,282,831	1,313,921	31,090
MEDICAID UNIT COST	\$41.86	\$43.66	\$1.80
MEDICAID TOTAL COST	\$644,329,899	\$688,358,111	\$44,028,212
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	13.14%	0.31%
CROSSOVER SERVICES/MONTH	49,285	50,479	1,194
CROSSOVER UNIT COST	\$34.36	\$35.84	\$1.48
CROSSOVER COST	\$20,323,982	\$21,712,756	\$1,388,774
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$708,653,881	\$754,070,867	\$45,416,986
TOTAL GENERAL REVENUE	\$202,522,536	\$222,003,261	\$19,480,725
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$446,426,728	\$25,739,697
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,073,181	\$196,564
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.78%	0.18%
SCREENING SERVICES PER MONTH	47,881	49,041	1,160
SCREENING UNIT COST	\$71.80	\$74.89	\$3.09
SCREENING TOTAL COST	\$41,255,386	\$44,072,166	\$2,816,780

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.39%	0.13%
VISUAL SERVICES PER MONTH	33,141	33,944	803
VISUAL SERVICES UNIT COST	\$22.61	\$23.58	\$0.97
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,604,794	\$613,887

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.42%	0.01%
HEARING SERVICES PER MONTH	2,564	2,626	62
HEARING SERVICES UNIT COST	\$52.23	\$54.47	\$2.24
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,716,459	\$109,575

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$124,634,136	\$3,540,242
TOTAL GENERAL REVENUE	\$52,091,043	\$53,613,951	\$1,522,908
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$70,864,732	\$2,012,918
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$155,453	\$4,416
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.54%	0.25%
VISUAL SERVICES PER MONTH	64,462	66,024	1,562
VISUAL SERVICES UNIT COST	\$14.90	\$15.54	\$0.64
VISUAL SERVICES TOTAL COST	\$11,523,098	\$12,312,156	\$789,058

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.17%	0.01%
CROSSOVER SERVICES/MONTH	1,019	1,044	25
CROSSOVER UNIT COST	\$19.26	\$20.09	\$0.83
CROSSOVER COST	\$235,519	\$251,688	\$16,169

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,937	46
HEARING SERVICES UNIT COST	\$90.00	\$93.87	\$3.87
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,181,914	\$139,713
CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
TOTAL COST	\$38,763,009	\$39,707,949	\$944,940
TOTAL GENERAL REVENUE	\$16,406,394	\$16,806,339	\$399,945
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$22,196,534	\$528,216
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$705,076	\$16,779
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,143	27
MEDICAID UNIT COST	\$109.42	\$114.13	\$4.71
MEDICAID TOTAL COST	\$1,465,371	\$1,565,407	\$100,036
TOTAL COST	\$1,465,371	\$1,565,407	\$100,036
TOTAL GENERAL REVENUE	\$631,428	\$674,533	\$43,105
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$890,874	\$56,931
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.40%	0.03%
MEDICAID SERVICES PER MONTH	27,228	27,888	660
MEDICAID UNIT COST	\$58.60	\$61.12	\$2.52
MEDICAID TOTAL COST	\$19,146,869	\$20,454,175	\$1,307,306
CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.36%	0.01%
CROSSOVER SERVICES/MONTH	1,463	1,498	35
CROSSOVER UNIT COST	\$20.17	\$21.04	\$0.87
CROSSOVER COST	\$354,136	\$378,215	\$24,079
TOTAL COST	\$19,501,005	\$20,832,390	\$1,331,385
TOTAL GENERAL REVENUE	\$8,397,110	\$8,970,403	\$573,293
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,849,487	\$757,293
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$12,500	\$799
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.71%	0.02%
MEDICAID SERVICES PER MONTH	6,055	6,202	147
MEDICAID UNIT COST	\$37.20	\$38.80	\$1.60
MEDICAID TOTAL COST	\$2,702,664	\$2,887,651	\$184,987
TOTAL COST	\$2,702,664	\$2,887,651	\$184,987
TOTAL GENERAL REVENUE	\$1,149,278	\$1,227,941	\$78,663
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,624,376	\$104,060
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$35,334	\$2,264
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$225.23	\$2.50
TOTAL COST	\$1,956,846,720	\$1,978,811,370	\$21,964,650
CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0
TOTAL COST	\$2,233,216,999	\$2,255,181,649	\$21,964,650
TOTAL GENERAL REVENUE	\$956,106,166	\$965,509,882	\$9,403,716
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,275,719,374	\$12,425,043
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,952,393	\$135,891
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0
TOTAL COST	\$3,125,396,823	\$3,198,880,049	\$73,483,226
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,268,806,310	\$31,502,355
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,829,572,105	\$41,624,158
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,933,937	\$356,713
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #15b

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE ENTIRE FEE SCHEDULE – CHILDREN ONLY BY 20%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$123,426,699
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$123,426,699
General Revenue:	\$52,913,139
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$69,914,295
Refugee Assistance Trust Fund:	\$599,265
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

Increase children 20%

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	150.64%	3.56%
MEDICAID SERVICES/MONTH	1,282,831	1,313,921	31,090
MEDICAID UNIT COST	\$41.86	\$45.55	\$3.69
MEDICAID TOTAL COST	\$644,329,899	\$718,201,213	\$73,871,314
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	13.14%	0.31%
CROSSOVER SERVICES/MONTH	49,285	50,479	1,194
CROSSOVER UNIT COST	\$34.36	\$37.40	\$3.03
CROSSOVER COST	\$20,323,982	\$22,654,092	\$2,330,110

Medicaid Impact Conference Issues

March 09, 2007

PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$784,855,305	\$76,201,424
TOTAL GENERAL REVENUE	\$202,522,536	\$235,207,641	\$32,685,105
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$463,873,551	\$43,186,520
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,206,416	\$329,799
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.78%	0.18%
SCREENING SERVICES PER MONTH	47,881	49,041	1,160
SCREENING UNIT COST	\$71.80	\$78.14	\$6.34
SCREENING TOTAL COST	\$41,255,386	\$45,984,765	\$4,729,379

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.39%	0.13%
VISUAL SERVICES PER MONTH	33,141	33,944	803
VISUAL SERVICES UNIT COST	\$22.61	\$24.60	\$1.99
VISUAL SERVICES TOTAL COST	\$8,990,907	\$10,020,269	\$1,029,362

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.42%	0.01%
HEARING SERVICES PER MONTH	2,564	2,626	62
HEARING SERVICES UNIT COST	\$52.23	\$56.84	\$4.61
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,791,142	\$184,258

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$127,036,893	\$5,942,999
TOTAL GENERAL REVENUE	\$52,091,043	\$54,647,546	\$2,556,503
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$72,230,897	\$3,379,083
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$158,450	\$7,413
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.54%	0.25%
VISUAL SERVICES PER MONTH	64,462	66,024	1,562
VISUAL SERVICES UNIT COST	\$14.90	\$16.21	\$1.31
VISUAL SERVICES TOTAL COST	\$11,523,098	\$12,842,988	\$1,319,890

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.17%	0.01%
CROSSOVER SERVICES/MONTH	1,019	1,044	25
CROSSOVER UNIT COST	\$19.26	\$20.96	\$1.70
CROSSOVER COST	\$235,519	\$262,587	\$27,068

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,937	46
HEARING SERVICES UNIT COST	\$90.00	\$97.94	\$7.94
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,276,517	\$234,316

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$40,344,283	\$1,581,274
TOTAL GENERAL REVENUE	\$16,406,394	\$17,075,666	\$669,272
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$22,552,242	\$883,924
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$716,375	\$28,078
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,143	27
MEDICAID UNIT COST	\$109.42	\$119.08	\$9.66
MEDICAID TOTAL COST	\$1,465,371	\$1,633,301	\$167,930

TOTAL COST	\$1,465,371	\$1,633,301	\$167,930
TOTAL GENERAL REVENUE	\$631,428	\$703,789	\$72,361
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$929,512	\$95,569
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.40%	0.03%
MEDICAID SERVICES PER MONTH	27,228	27,888	660
MEDICAID UNIT COST	\$58.60	\$63.77	\$5.17
MEDICAID TOTAL COST	\$19,146,869	\$21,341,013	\$2,194,144

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.36%	0.01%
CROSSOVER SERVICES/MONTH	1,463	1,498	35
CROSSOVER UNIT COST	\$20.17	\$21.95	\$1.78
CROSSOVER COST	\$354,136	\$394,573	\$40,437

TOTAL COST	\$19,501,005	\$21,735,586	\$2,234,581
TOTAL GENERAL REVENUE	\$8,397,110	\$9,359,318	\$962,208
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$12,363,226	\$1,271,032
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$13,042	\$1,341
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.71%	0.02%
MEDICAID SERVICES PER MONTH	6,055	6,202	147
MEDICAID UNIT COST	\$37.20	\$40.48	\$3.28
MEDICAID TOTAL COST	\$2,702,664	\$3,012,684	\$310,020

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$2,702,664	\$3,012,684	\$310,020
TOTAL GENERAL REVENUE	\$1,149,278	\$1,281,111	\$131,833
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,694,710	\$174,394
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$36,863	\$3,793
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$226.94	\$4.21
TOTAL COST	\$1,956,846,720	\$1,993,835,191	\$36,988,471

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,270,205,470	\$36,988,471
TOTAL GENERAL REVENUE	\$956,106,166	\$971,942,023	\$15,835,857
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,284,218,104	\$20,923,773
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$14,045,343	\$228,841
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,248,823,522	\$123,426,699
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,290,217,094	\$52,913,139
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,857,862,242	\$69,914,295
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$18,176,489	\$599,265
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #15c

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE ENTIRE FEE SCHEDULE – CHILDREN ONLY BY 30%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$173,206,136
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$173,206,136
General Revenue:	\$74,253,664
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$98,111,597
Refugee Assistance Trust Fund:	\$840,875
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

Increase children 20%

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	150.64%	3.56%
MEDICAID SERVICES/MONTH	1,282,831	1,313,921	31,090
MEDICAID UNIT COST	\$41.86	\$47.44	\$5.59
MEDICAID TOTAL COST	\$644,329,899	\$748,044,316	\$103,714,417
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	13.14%	0.31%
CROSSOVER SERVICES/MONTH	49,285	50,479	1,194
CROSSOVER UNIT COST	\$34.36	\$38.95	\$4.59
CROSSOVER COST	\$20,323,982	\$23,595,427	\$3,271,445

Medicaid Impact Conference Issues

March 09, 2007

PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$815,639,743	\$106,985,862
TOTAL GENERAL REVENUE	\$202,522,536	\$248,412,021	\$45,889,485
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$481,320,374	\$60,633,343
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,339,651	\$463,034
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.78%	0.18%
SCREENING SERVICES PER MONTH	47,881	49,041	1,160
SCREENING UNIT COST	\$71.80	\$81.39	\$9.59
SCREENING TOTAL COST	\$41,255,386	\$47,897,364	\$6,641,978

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.39%	0.13%
VISUAL SERVICES PER MONTH	33,141	33,944	803
VISUAL SERVICES UNIT COST	\$22.61	\$25.63	\$3.02
VISUAL SERVICES TOTAL COST	\$8,990,907	\$10,439,817	\$1,448,910

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.42%	0.01%
HEARING SERVICES PER MONTH	2,564	2,626	62
HEARING SERVICES UNIT COST	\$52.23	\$59.20	\$6.97
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,865,510	\$258,626

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$129,443,408	\$8,349,514
TOTAL GENERAL REVENUE	\$52,091,043	\$55,682,759	\$3,591,716
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$73,599,198	\$4,747,384
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$161,451	\$10,414
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.54%	0.25%
VISUAL SERVICES PER MONTH	64,462	66,024	1,562
VISUAL SERVICES UNIT COST	\$14.90	\$16.89	\$1.99
VISUAL SERVICES TOTAL COST	\$11,523,098	\$13,381,744	\$1,858,646

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.17%	0.01%
CROSSOVER SERVICES/MONTH	1,019	1,044	25
CROSSOVER UNIT COST	\$19.26	\$21.83	\$2.57
CROSSOVER COST	\$235,519	\$273,486	\$37,967

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,937	46
HEARING SERVICES UNIT COST	\$90.00	\$102.01	\$12.01
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,371,120	\$328,919

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$40,988,541	\$2,225,532
TOTAL GENERAL REVENUE	\$16,406,394	\$17,348,347	\$941,953
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$22,912,379	\$1,244,061
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$727,815	\$39,518
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,143	27
MEDICAID UNIT COST	\$109.42	\$124.03	\$14.61
MEDICAID TOTAL COST	\$1,465,371	\$1,701,195	\$235,824

TOTAL COST	\$1,465,371	\$1,701,195	\$235,824
TOTAL GENERAL REVENUE	\$631,428	\$733,045	\$101,617
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$968,150	\$134,207
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.40%	0.03%
MEDICAID SERVICES PER MONTH	27,228	27,888	660
MEDICAID UNIT COST	\$58.60	\$66.42	\$7.82
MEDICAID TOTAL COST	\$19,146,869	\$22,227,852	\$3,080,983

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.36%	0.01%
CROSSOVER SERVICES/MONTH	1,463	1,498	35
CROSSOVER UNIT COST	\$20.17	\$22.86	\$2.69
CROSSOVER COST	\$354,136	\$410,931	\$56,795

TOTAL COST	\$19,501,005	\$22,638,783	\$3,137,778
TOTAL GENERAL REVENUE	\$8,397,110	\$9,748,233	\$1,351,123
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$12,876,966	\$1,784,772
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$13,584	\$1,883
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.71%	0.02%
MEDICAID SERVICES PER MONTH	6,055	6,202	147
MEDICAID UNIT COST	\$37.20	\$42.16	\$4.96
MEDICAID TOTAL COST	\$2,702,664	\$3,137,716	\$435,052

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$2,702,664	\$3,137,716	\$435,052
TOTAL GENERAL REVENUE	\$1,149,278	\$1,334,279	\$185,001
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,765,044	\$244,728
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$38,393	\$5,323
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$228.63	\$5.90
TOTAL COST	\$1,956,846,720	\$2,008,683,294	\$51,836,574

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,285,053,573	\$51,836,574
TOTAL GENERAL REVENUE	\$956,106,166	\$978,298,935	\$22,192,769
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,292,617,433	\$29,323,102
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$14,137,205	\$320,703
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,298,602,959	\$173,206,136
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,311,557,619	\$74,253,664
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,886,059,544	\$98,111,597
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$18,418,099	\$840,875
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #16a

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE PRIMARY OFFICE VISITS BY 10%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$37,668,464
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2005/06 SSEC
Date Completed:	3/7/05
Total (Savings) Cost of Proposal:	\$37,668,464
General Revenue:	\$16,148,463
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$21,337,015
Refugee Assistance Trust Fund:	\$182,986
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

Increase primary 10%

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	148.68%	1.60%
MEDICAID SERVICES/MONTH	1,282,831	1,296,824	13,993
MEDICAID UNIT COST	\$41.86	\$42.85	\$0.99
MEDICAID TOTAL COST	\$644,329,899	\$666,836,941	\$22,507,042
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	12.97%	0.14%
CROSSOVER SERVICES/MONTH	49,285	49,823	538
CROSSOVER UNIT COST	\$34.36	\$35.18	\$0.82
CROSSOVER COST	\$20,323,982	\$21,033,918	\$709,936

Medicaid Impact Conference Issues

March 09, 2007

PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$731,870,859	\$23,216,978
TOTAL GENERAL REVENUE	\$202,522,536	\$212,481,003	\$9,958,467
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$433,845,059	\$13,158,028
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$2,977,100	\$100,483
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.68%	0.08%
SCREENING SERVICES PER MONTH	47,881	48,403	522
SCREENING UNIT COST	\$71.80	\$73.51	\$1.71
SCREENING TOTAL COST	\$41,255,386	\$42,697,254	\$1,441,868

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.32%	0.06%
VISUAL SERVICES PER MONTH	33,141	33,502	361
VISUAL SERVICES UNIT COST	\$22.61	\$23.14	\$0.53
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,302,835	\$311,928

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,592	28
HEARING SERVICES UNIT COST	\$52.23	\$53.47	\$1.24
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,663,131	\$56,247

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$122,903,937	\$1,810,043
TOTAL GENERAL REVENUE	\$52,091,043	\$52,869,670	\$778,627
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$69,880,972	\$1,029,158
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$153,295	\$2,258
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.40%	0.11%
VISUAL SERVICES PER MONTH	64,462	65,165	703
VISUAL SERVICES UNIT COST	\$14.90	\$15.25	\$0.35
VISUAL SERVICES TOTAL COST	\$11,523,098	\$11,925,195	\$402,097

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.16%	0.00%
CROSSOVER SERVICES/MONTH	1,019	1,030	11
CROSSOVER UNIT COST	\$19.26	\$19.72	\$0.46
CROSSOVER COST	\$235,519	\$243,739	\$8,220

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,912	21
HEARING SERVICES UNIT COST	\$90.00	\$92.14	\$2.14
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,114,060	\$71,859

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$39,245,185	\$482,176
TOTAL GENERAL REVENUE	\$16,406,394	\$16,610,474	\$204,080
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$21,937,852	\$269,534
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$696,859	\$8,562
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,128	12
MEDICAID UNIT COST	\$109.42	\$112.02	\$2.60
MEDICAID TOTAL COST	\$1,465,371	\$1,516,303	\$50,932

TOTAL COST	\$1,465,371	\$1,516,303	\$50,932
TOTAL GENERAL REVENUE	\$631,428	\$653,375	\$21,947
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$862,928	\$28,985
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.38%	0.01%
MEDICAID SERVICES PER MONTH	27,228	27,525	297
MEDICAID UNIT COST	\$58.60	\$59.99	\$1.39
MEDICAID TOTAL COST	\$19,146,869	\$19,814,697	\$667,828

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,479	16
CROSSOVER UNIT COST	\$20.17	\$20.65	\$0.48
CROSSOVER COST	\$354,136	\$366,496	\$12,360

TOTAL COST	\$19,501,005	\$20,181,193	\$680,188
TOTAL GENERAL REVENUE	\$8,397,110	\$8,689,998	\$292,888
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,479,086	\$386,892
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$12,109	\$408
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.70%	0.01%
MEDICAID SERVICES PER MONTH	6,055	6,121	66
MEDICAID UNIT COST	\$37.20	\$38.08	\$0.88
MEDICAID TOTAL COST	\$2,702,664	\$2,797,052	\$94,388

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$2,702,664	\$2,797,052	\$94,388
TOTAL GENERAL REVENUE	\$1,149,278	\$1,189,415	\$40,137
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,573,412	\$53,096
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$34,225	\$1,155
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$224.02	\$1.29
TOTAL COST	\$1,956,846,720	\$1,968,180,479	\$11,333,759

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,244,550,758	\$11,333,759
TOTAL GENERAL REVENUE	\$956,106,166	\$960,958,483	\$4,852,317
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,269,705,653	\$6,411,322
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,886,622	\$70,120
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,163,065,287	\$37,668,464
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,253,452,418	\$16,148,463
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,809,284,962	\$21,337,015
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,760,210	\$182,986
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #16b

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE PRIMARY OFFICE VISITS BY 20%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$62,897,290
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$62,897,290
General Revenue:	\$26,964,230
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$35,627,923
Refugee Assistance Trust Fund:	\$305,137
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

Increase primary 20%

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	148.68%	1.60%
MEDICAID SERVICES/MONTH	1,282,831	1,296,824	13,993
MEDICAID UNIT COST	\$41.86	\$43.83	\$1.97
MEDICAID TOTAL COST	\$644,329,899	\$682,087,621	\$37,757,722
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	12.97%	0.14%
CROSSOVER SERVICES/MONTH	49,285	49,823	538
CROSSOVER UNIT COST	\$34.36	\$35.99	\$1.62
CROSSOVER COST	\$20,323,982	\$21,514,967	\$1,190,985

Medicaid Impact Conference Issues

March 09, 2007

PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$747,602,588	\$38,948,707
TOTAL GENERAL REVENUE	\$202,522,536	\$219,228,819	\$16,706,283
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$442,760,885	\$22,073,854
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,045,187	\$168,570
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.68%	0.08%
SCREENING SERVICES PER MONTH	47,881	48,403	522
SCREENING UNIT COST	\$71.80	\$75.19	\$3.39
SCREENING TOTAL COST	\$41,255,386	\$43,673,059	\$2,417,673

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.32%	0.06%
VISUAL SERVICES PER MONTH	33,141	33,502	361
VISUAL SERVICES UNIT COST	\$22.61	\$23.67	\$1.06
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,515,908	\$525,001

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,592	28
HEARING SERVICES UNIT COST	\$52.23	\$54.69	\$2.46
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,701,078	\$94,194

Medicaid Impact Conference Issues

March 09, 2007

TOTAL COST	\$121,093,894	\$124,130,762	\$3,036,868
TOTAL GENERAL REVENUE	\$52,091,043	\$53,397,414	\$1,306,371
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$70,578,523	\$1,726,709
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$154,825	\$3,788
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.40%	0.11%
VISUAL SERVICES PER MONTH	64,462	65,165	703
VISUAL SERVICES UNIT COST	\$14.90	\$15.60	\$0.70
VISUAL SERVICES TOTAL COST	\$11,523,098	\$12,198,888	\$675,790

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.16%	0.00%
CROSSOVER SERVICES/MONTH	1,019	1,030	11
CROSSOVER UNIT COST	\$19.26	\$20.17	\$0.91
CROSSOVER COST	\$235,519	\$249,301	\$13,782

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,912	21
HEARING SERVICES UNIT COST	\$90.00	\$94.24	\$4.24
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,162,243	\$120,042

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$39,572,623	\$809,614
TOTAL GENERAL REVENUE	\$16,406,394	\$16,749,062	\$342,668
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$22,120,888	\$452,570
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$702,673	\$14,376
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,128	12
MEDICAID UNIT COST	\$109.42	\$114.58	\$5.16
MEDICAID TOTAL COST	\$1,465,371	\$1,550,955	\$85,584

TOTAL COST	\$1,465,371	\$1,550,955	\$85,584
TOTAL GENERAL REVENUE	\$631,428	\$668,306	\$36,878
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$882,649	\$48,706
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.38%	0.01%
MEDICAID SERVICES PER MONTH	27,228	27,525	297
MEDICAID UNIT COST	\$58.60	\$61.37	\$2.77
MEDICAID TOTAL COST	\$19,146,869	\$20,270,511	\$1,123,642

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,479	16
CROSSOVER UNIT COST	\$20.17	\$21.12	\$0.95
CROSSOVER COST	\$354,136	\$374,838	\$20,702

TOTAL COST	\$19,501,005	\$20,645,349	\$1,144,344
TOTAL GENERAL REVENUE	\$8,397,110	\$8,889,863	\$492,753
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,743,098	\$650,904
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$12,388	\$687
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.70%	0.01%
MEDICAID SERVICES PER MONTH	6,055	6,121	66
MEDICAID UNIT COST	\$37.20	\$38.95	\$1.75
MEDICAID TOTAL COST	\$2,702,664	\$2,860,955	\$158,291

Medicaid Impact Conference Issues

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TOTAL COST	\$2,702,664	\$2,860,955	\$158,291
TOTAL GENERAL REVENUE	\$1,149,278	\$1,216,589	\$67,311
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,609,359	\$89,043
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$35,007	\$1,937
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$224.86	\$2.13
TOTAL COST	\$1,956,846,720	\$1,975,560,602	\$18,713,882

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,251,930,881	\$18,713,882
TOTAL GENERAL REVENUE	\$956,106,166	\$964,118,132	\$8,011,966
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,273,880,468	\$10,586,137
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,932,281	\$115,779
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,188,294,113	\$62,897,290
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,264,268,185	\$26,964,230
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,823,575,870	\$35,627,923
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,882,361	\$305,137
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #16c

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE PRIMARY OFFICE VISITS BY 30%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$88,474,787
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$88,474,787
General Revenue:	\$37,929,266
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$50,116,057
Refugee Assistance Trust Fund:	\$429,646
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

Increase primary 30%

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	148.68%	1.60%
MEDICAID SERVICES/MONTH	1,282,831	1,296,824	13,993
MEDICAID UNIT COST	\$41.86	\$44.81	\$2.95
MEDICAID TOTAL COST	\$644,329,899	\$697,338,301	\$53,008,402
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	12.97%	0.14%
CROSSOVER SERVICES/MONTH	49,285	49,823	538
CROSSOVER UNIT COST	\$34.36	\$36.79	\$2.43
CROSSOVER COST	\$20,323,982	\$21,996,016	\$1,672,034

Medicaid Impact Conference Issues

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PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$763,334,317	\$54,680,436
TOTAL GENERAL REVENUE	\$202,522,536	\$225,976,635	\$23,454,099
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$451,676,711	\$30,989,680
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,113,274	\$236,657
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.68%	0.08%
SCREENING SERVICES PER MONTH	47,881	48,403	522
SCREENING UNIT COST	\$71.80	\$76.87	\$5.07
SCREENING TOTAL COST	\$41,255,386	\$44,648,863	\$3,393,477

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.32%	0.06%
VISUAL SERVICES PER MONTH	33,141	33,502	361
VISUAL SERVICES UNIT COST	\$22.61	\$24.20	\$1.59
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,728,981	\$738,074

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,592	28
HEARING SERVICES UNIT COST	\$52.23	\$55.91	\$3.68
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,739,025	\$132,141

Medicaid Impact Conference Issues

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TOTAL COST	\$121,093,894	\$125,357,586	\$4,263,692
TOTAL GENERAL REVENUE	\$52,091,043	\$53,925,158	\$1,834,115
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$71,276,073	\$2,424,259
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$156,355	\$5,318
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.40%	0.11%
VISUAL SERVICES PER MONTH	64,462	65,165	703
VISUAL SERVICES UNIT COST	\$14.90	\$15.95	\$1.05
VISUAL SERVICES TOTAL COST	\$11,523,098	\$12,472,581	\$949,483

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.16%	0.00%
CROSSOVER SERVICES/MONTH	1,019	1,030	11
CROSSOVER UNIT COST	\$19.26	\$20.62	\$1.36
CROSSOVER COST	\$235,519	\$254,863	\$19,344

Medicaid Impact Conference Issues

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HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,912	21
HEARING SERVICES UNIT COST	\$90.00	\$96.35	\$6.35
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,210,654	\$168,453

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$39,900,289	\$1,137,280
TOTAL GENERAL REVENUE	\$16,406,394	\$16,887,746	\$481,352
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$22,304,052	\$635,734
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$708,491	\$20,194
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,128	12
MEDICAID UNIT COST	\$109.42	\$117.15	\$7.73
MEDICAID TOTAL COST	\$1,465,371	\$1,585,742	\$120,371

TOTAL COST	\$1,465,371	\$1,585,742	\$120,371
TOTAL GENERAL REVENUE	\$631,428	\$683,296	\$51,868
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$902,446	\$68,503
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

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NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.38%	0.01%
MEDICAID SERVICES PER MONTH	27,228	27,525	297
MEDICAID UNIT COST	\$58.60	\$62.74	\$4.14
MEDICAID TOTAL COST	\$19,146,869	\$20,723,022	\$1,576,153

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,479	16
CROSSOVER UNIT COST	\$20.17	\$21.60	\$1.43
CROSSOVER COST	\$354,136	\$383,357	\$29,221

TOTAL COST	\$19,501,005	\$21,106,379	\$1,605,374
TOTAL GENERAL REVENUE	\$8,397,110	\$9,088,382	\$691,272
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$12,005,333	\$913,139
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$12,664	\$963
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.70%	0.01%
MEDICAID SERVICES PER MONTH	6,055	6,121	66
MEDICAID UNIT COST	\$37.20	\$39.82	\$2.62
MEDICAID TOTAL COST	\$2,702,664	\$2,924,859	\$222,195

Medicaid Impact Conference Issues

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TOTAL COST	\$2,702,664	\$2,924,859	\$222,195
TOTAL GENERAL REVENUE	\$1,149,278	\$1,243,764	\$94,486
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,645,306	\$124,990
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$35,789	\$2,719
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$225.74	\$3.01
TOTAL COST	\$1,956,846,720	\$1,983,292,159	\$26,445,439

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,259,662,438	\$26,445,439
TOTAL GENERAL REVENUE	\$956,106,166	\$967,428,240	\$11,322,074
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,278,254,083	\$14,959,752
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,980,115	\$163,613
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,213,871,610	\$88,474,787
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,275,233,221	\$37,929,266
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,838,064,004	\$50,116,057
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$18,006,688	\$429,464
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #17a

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE PRIMARY OFFICE VISITS BY 10% CHILDREN ONLY
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$23,525,939
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$23,525,939
General Revenue:	\$10,085,656
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$13,326,202
Refugee Assistance Trust Fund:	\$114,081
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase primary for children	10%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	1777.03%	1629.95%
MEDICAID SERVICES/MONTH	1,282,831	15,499,394	14,216,563
MEDICAID UNIT COST	\$41.86	\$3.54	(\$38.32)
MEDICAID TOTAL COST	\$644,329,899	\$658,521,059	\$14,191,160
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	154.97%	142.14%
CROSSOVER SERVICES/MONTH	49,285	595,470	546,185
CROSSOVER UNIT COST	\$34.36	\$2.91	(\$31.46)
CROSSOVER COST	\$20,323,982	\$20,771,611	\$447,629

Medicaid Impact Conference Issues

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PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$723,292,670	\$14,638,789
TOTAL GENERAL REVENUE	\$202,522,536	\$208,801,557	\$6,279,021
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$428,983,442	\$8,296,411
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$2,939,974	\$63,357
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	91.83%	84.23%
SCREENING SERVICES PER MONTH	47,881	578,507	530,626
SCREENING UNIT COST	\$71.80	\$6.07	(\$65.73)
SCREENING TOTAL COST	\$41,255,386	\$42,138,450	\$883,064

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	63.56%	58.30%
VISUAL SERVICES PER MONTH	33,141	400,416	367,275
VISUAL SERVICES UNIT COST	\$22.61	\$1.91	(\$20.70)
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,177,535	\$186,628

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	4.92%	4.51%
HEARING SERVICES PER MONTH	2,564	30,979	28,415
HEARING SERVICES UNIT COST	\$52.23	\$4.42	(\$47.81)
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,643,126	\$36,242

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TOTAL COST	\$121,093,894	\$122,199,828	\$1,105,934
TOTAL GENERAL REVENUE	\$52,091,043	\$52,566,784	\$475,741
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$69,480,628	\$628,814
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$152,416	\$1,379
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	124.32%	114.03%
VISUAL SERVICES PER MONTH	64,462	778,841	714,379
VISUAL SERVICES UNIT COST	\$14.90	\$1.26	(\$13.64)
VISUAL SERVICES TOTAL COST	\$11,523,098	\$11,776,076	\$252,978

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	1.97%	1.81%
CROSSOVER SERVICES/MONTH	1,019	12,312	11,293
CROSSOVER UNIT COST	\$19.26	\$1.63	(\$17.63)
CROSSOVER COST	\$235,519	\$240,823	\$5,304

Medicaid Impact Conference Issues

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HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	3.65%	3.35%
HEARING SERVICES PER MONTH	1,891	22,847	20,956
HEARING SERVICES UNIT COST	\$90.00	\$7.61	(\$82.39)
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,086,388	\$44,187
CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
TOTAL COST	\$38,763,009	\$39,065,478	\$302,469
TOTAL GENERAL REVENUE	\$16,406,394	\$16,534,413	\$128,019
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$21,837,397	\$169,079
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$693,668	\$5,371
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.68%	0.62%
MEDICAID PAYMENTS PER MONTH	1,116	13,484	12,368
MEDICAID UNIT COST	\$109.42	\$9.26	(\$100.16)
MEDICAID TOTAL COST	\$1,465,371	\$1,498,342	\$32,971
TOTAL COST	\$1,465,371	\$1,498,342	\$32,971
TOTAL GENERAL REVENUE	\$631,428	\$645,635	\$14,207
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$852,707	\$18,764
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	16.54%	15.17%
MEDICAID SERVICES PER MONTH	27,228	328,974	301,746
MEDICAID UNIT COST	\$58.60	\$4.96	(\$53.64)
MEDICAID TOTAL COST	\$19,146,869	\$19,580,532	\$433,663

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	4.21%	3.86%
CROSSOVER SERVICES/MONTH	1,463	17,676	16,213
CROSSOVER UNIT COST	\$20.17	\$1.71	(\$18.46)
CROSSOVER COST	\$354,136	\$362,712	\$8,576

TOTAL COST	\$19,501,005	\$19,943,244	\$442,239
TOTAL GENERAL REVENUE	\$8,397,110	\$8,587,538	\$190,428
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,343,740	\$251,546
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$11,966	\$265
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	8.39%	7.70%
MEDICAID SERVICES PER MONTH	6,055	73,158	67,103
MEDICAID UNIT COST	\$37.20	\$3.15	(\$34.05)
MEDICAID TOTAL COST	\$2,702,664	\$2,765,372	\$62,708

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TOTAL COST	\$2,702,664	\$2,765,372	\$62,708
TOTAL GENERAL REVENUE	\$1,149,278	\$1,175,944	\$26,666
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,555,591	\$35,275
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$33,837	\$767
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$223.52	\$0.79
TOTAL COST	\$1,956,846,720	\$1,963,787,549	\$6,940,829

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,240,157,828	\$6,940,829
TOTAL GENERAL REVENUE	\$956,106,166	\$959,077,740	\$2,971,574
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,267,220,644	\$3,926,313
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,859,444	\$42,942
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,148,922,762	\$23,525,939
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,247,389,611	\$10,085,656
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,801,274,149	\$13,326,202
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,691,305	\$114,081
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

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Proposal: #17b

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE PRIMARY OFFICE VISITS BY 20% CHILDREN ONLY
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$39,708,928
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$39,708,928
General Revenue:	\$17,023,292
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$22,492,929
Refugee Assistance Trust Fund:	\$192,707
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase primary for children	20%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	148.09%	1.01%
MEDICAID SERVICES/MONTH	1,282,831	1,291,616	8,785
MEDICAID UNIT COST	\$41.86	\$43.11	\$1.25
MEDICAID TOTAL COST	\$644,329,899	\$668,129,116	\$23,799,217
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	12.91%	0.08%
CROSSOVER SERVICES/MONTH	49,285	49,623	338
CROSSOVER UNIT COST	\$34.36	\$35.39	\$1.03
CROSSOVER COST	\$20,323,982	\$21,074,676	\$750,694

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PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$733,203,792	\$24,549,911
TOTAL GENERAL REVENUE	\$202,522,536	\$213,052,738	\$10,530,202
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$434,600,488	\$13,913,457
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$2,982,869	\$106,252
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.65%	0.05%
SCREENING SERVICES PER MONTH	47,881	48,209	328
SCREENING UNIT COST	\$71.80	\$73.95	\$2.15
SCREENING TOTAL COST	\$41,255,386	\$42,780,667	\$1,525,281

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.30%	0.04%
VISUAL SERVICES PER MONTH	33,141	33,368	227
VISUAL SERVICES UNIT COST	\$22.61	\$23.28	\$0.67
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,321,684	\$330,777

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,582	18
HEARING SERVICES UNIT COST	\$52.23	\$53.79	\$1.56
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,666,629	\$59,745

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TOTAL COST	\$121,093,894	\$123,009,697	\$1,915,803
TOTAL GENERAL REVENUE	\$52,091,043	\$52,915,165	\$824,122
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$69,941,105	\$1,089,291
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$153,427	\$2,390
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.36%	0.07%
VISUAL SERVICES PER MONTH	64,462	64,903	441
VISUAL SERVICES UNIT COST	\$14.90	\$15.34	\$0.44
VISUAL SERVICES TOTAL COST	\$11,523,098	\$11,947,344	\$424,246

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.16%	0.00%
CROSSOVER SERVICES/MONTH	1,019	1,026	7
CROSSOVER UNIT COST	\$19.26	\$19.84	\$0.58
CROSSOVER COST	\$235,519	\$244,270	\$8,751

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HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.30%	0.00%
HEARING SERVICES PER MONTH	1,891	1,904	13
HEARING SERVICES UNIT COST	\$90.00	\$92.69	\$2.69
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,117,781	\$75,580

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$39,271,586	\$508,577
TOTAL GENERAL REVENUE	\$16,406,394	\$16,621,648	\$215,254
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$21,952,610	\$284,292
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$697,328	\$9,031
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,124	8
MEDICAID UNIT COST	\$109.42	\$112.69	\$3.27
MEDICAID TOTAL COST	\$1,465,371	\$1,519,963	\$54,592

TOTAL COST	\$1,465,371	\$1,519,963	\$54,592
TOTAL GENERAL REVENUE	\$631,428	\$654,952	\$23,524
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$865,011	\$31,068
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

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NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.38%	0.01%
MEDICAID SERVICES PER MONTH	27,228	27,414	186
MEDICAID UNIT COST	\$58.60	\$60.35	\$1.75
MEDICAID TOTAL COST	\$19,146,869	\$19,853,219	\$706,350

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,473	10
CROSSOVER UNIT COST	\$20.17	\$20.77	\$0.60
CROSSOVER COST	\$354,136	\$367,131	\$12,995

TOTAL COST	\$19,501,005	\$20,220,350	\$719,345
TOTAL GENERAL REVENUE	\$8,397,110	\$8,706,859	\$309,749
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,501,358	\$409,164
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$12,133	\$432
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.70%	0.01%
MEDICAID SERVICES PER MONTH	6,055	6,096	41
MEDICAID UNIT COST	\$37.20	\$38.31	\$1.11
MEDICAID TOTAL COST	\$2,702,664	\$2,802,453	\$99,789

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TOTAL COST	\$2,702,664	\$2,802,453	\$99,789
TOTAL GENERAL REVENUE	\$1,149,278	\$1,191,712	\$42,434
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,576,450	\$56,134
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$34,291	\$1,221
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$224.08	\$1.35
TOTAL COST	\$1,956,846,720	\$1,968,707,631	\$11,860,911

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,245,077,910	\$11,860,911
TOTAL GENERAL REVENUE	\$956,106,166	\$961,184,173	\$5,078,007
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,270,003,854	\$6,709,523
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,889,883	\$73,381
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,165,105,751	\$39,708,928
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,254,327,247	\$17,023,292
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,810,440,876	\$22,492,929
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,769,931	\$192,707
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

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Proposal: #17c

Proposal Name:	PHYSICIAN SERVICES – RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE PRIMARY OFFICE VISITS BY 30% CHILDREN ONLY
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$55,784,259
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the handbook require a state plan amendment.
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	Revisions to the fee schedule and handbook will be required due to this change in reimbursement.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		An increase in the utilization of a service is anticipated when an increase in the reimbursement is granted. Therefore, this estimate includes a five percent increase in the utilization.

Medicaid Impact Conference Issues

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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$55,784,259
General Revenue:	\$23,914,795
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$31,598,692
Refugee Assistance Trust Fund:	\$270,772
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase primary for children	20%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	148.09%	1.01%
MEDICAID SERVICES/MONTH	1,282,831	1,291,616	8,785
MEDICAID UNIT COST	\$41.86	\$43.73	\$1.87
MEDICAID TOTAL COST	\$644,329,899	\$677,737,173	\$33,407,274
CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	12.91%	0.08%
CROSSOVER SERVICES/MONTH	49,285	49,623	338
CROSSOVER UNIT COST	\$34.36	\$35.90	\$1.54
CROSSOVER COST	\$20,323,982	\$21,377,742	\$1,053,760

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PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$743,114,915	\$34,461,034
TOTAL GENERAL REVENUE	\$202,522,536	\$217,303,920	\$14,781,384
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$440,217,534	\$19,530,503
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,025,764	\$149,147
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0
	\$376,687,031	\$396,217,534	
	\$664,653,881	\$699,114,915	

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.65%	0.05%
SCREENING SERVICES PER MONTH	47,881	48,209	328
SCREENING UNIT COST	\$71.80	\$75.01	\$3.21
SCREENING TOTAL COST	\$41,255,386	\$43,393,885	\$2,138,499

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.30%	0.04%
VISUAL SERVICES PER MONTH	33,141	33,368	227
VISUAL SERVICES UNIT COST	\$22.61	\$23.62	\$1.01
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,457,826	\$466,919

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,582	18
HEARING SERVICES UNIT COST	\$52.23	\$54.56	\$2.33
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,690,487	\$83,603

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TOTAL COST	\$121,093,894	\$123,782,915	\$2,689,021
TOTAL GENERAL REVENUE	\$52,091,043	\$53,247,781	\$1,156,738
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$70,380,743	\$1,528,929
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$154,391	\$3,354
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.36%	0.07%
VISUAL SERVICES PER MONTH	64,462	64,903	441
VISUAL SERVICES UNIT COST	\$14.90	\$15.56	\$0.66
VISUAL SERVICES TOTAL COST	\$11,523,098	\$12,118,688	\$595,590

CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.16%	0.00%
CROSSOVER SERVICES/MONTH	1,019	1,026	7
CROSSOVER UNIT COST	\$19.26	\$20.12	\$0.86
CROSSOVER COST	\$235,519	\$247,717	\$12,198

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HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.30%	0.00%
HEARING SERVICES PER MONTH	1,891	1,904	13
HEARING SERVICES UNIT COST	\$90.00	\$94.02	\$4.02
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,148,169	\$105,968

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$39,476,765	\$713,756
TOTAL GENERAL REVENUE	\$16,406,394	\$16,708,490	\$302,096
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$22,067,304	\$398,986
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$700,971	\$12,674
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,124	8
MEDICAID UNIT COST	\$109.42	\$114.31	\$4.89
MEDICAID TOTAL COST	\$1,465,371	\$1,541,813	\$76,442

TOTAL COST	\$1,465,371	\$1,541,813	\$76,442
TOTAL GENERAL REVENUE	\$631,428	\$664,367	\$32,939
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$877,446	\$43,503
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.38%	0.01%
MEDICAID SERVICES PER MONTH	27,228	27,414	186
MEDICAID UNIT COST	\$58.60	\$61.22	\$2.62
MEDICAID TOTAL COST	\$19,146,869	\$20,139,421	\$992,552

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,473	10
CROSSOVER UNIT COST	\$20.17	\$21.07	\$0.90
CROSSOVER COST	\$354,136	\$372,433	\$18,297

TOTAL COST	\$19,501,005	\$20,511,854	\$1,010,849
TOTAL GENERAL REVENUE	\$8,397,110	\$8,832,380	\$435,270
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,667,166	\$574,972
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$12,308	\$607
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.70%	0.01%
MEDICAID SERVICES PER MONTH	6,055	6,096	41
MEDICAID UNIT COST	\$37.20	\$38.86	\$1.66
MEDICAID TOTAL COST	\$2,702,664	\$2,842,687	\$140,023

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TOTAL COST	\$2,702,664	\$2,842,687	\$140,023
TOTAL GENERAL REVENUE	\$1,149,278	\$1,208,822	\$59,544
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,599,082	\$78,766
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$34,783	\$1,713
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$224.63	\$1.90
TOTAL COST	\$1,956,846,720	\$1,973,539,854	\$16,693,134

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,249,910,133	\$16,693,134
TOTAL GENERAL REVENUE	\$956,106,166	\$963,252,990	\$7,146,824
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,272,737,364	\$9,443,033
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,919,779	\$103,277
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,181,181,082	\$55,784,259
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,261,218,750	\$23,914,795
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,819,546,639	\$31,598,692
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,847,996	\$270,772
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #18a

Proposal Name:	PHSICIAN FEE INCREASE FOR RURAL HEALTH NETWORKS
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE ADDITIONAL FUNDING REQUIRED TO INCREASE MEDICAID PHYSICIAN REIMBURSEMENT RATES BY 5% TO PHSICIANS IN SCARCITY AREAS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$6,154,275
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule to change the fee structure is required.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s):
 Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$6,154,275
General Revenue:	\$2,638,412
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$3,486,140
Refugee Assistance Trust Fund:	\$29,723
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase rural	5%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	147.50%	0.42%
MEDICAID SERVICES/MONTH	1,282,831	1,286,514	3,683
MEDICAID UNIT COST	\$41.86	\$41.98	\$0.12
MEDICAID TOTAL COST	\$644,329,899	\$648,094,293	\$3,764,394

Medicaid Impact Conference Issues

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CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	12.86%	0.03%
CROSSOVER SERVICES/MONTH	49,285	49,426	141
CROSSOVER UNIT COST	\$34.36	\$34.47	\$0.10
CROSSOVER COST	\$20,323,982	\$20,442,722	\$118,740
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$712,537,015	\$3,883,134
TOTAL GENERAL REVENUE	\$202,522,536	\$204,188,130	\$1,665,594
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$422,887,765	\$2,200,734
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$2,893,423	\$16,806
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.62%	0.02%
SCREENING SERVICES PER MONTH	47,881	48,018	137
SCREENING UNIT COST	\$71.80	\$72.01	\$0.21
SCREENING TOTAL COST	\$41,255,386	\$41,493,314	\$237,928
DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0
VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.28%	0.02%
VISUAL SERVICES PER MONTH	33,141	33,236	95
VISUAL SERVICES UNIT COST	\$22.61	\$22.67	\$0.06
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,041,521	\$50,614

Medicaid Impact Conference Issues

March 09, 2007

HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,571	7
HEARING SERVICES UNIT COST	\$52.23	\$52.38	\$0.15
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,616,028	\$9,144

TOTAL COST	\$121,093,894	\$121,391,580	\$297,686
TOTAL GENERAL REVENUE	\$52,091,043	\$52,219,099	\$128,056
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$69,021,073	\$169,259
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$151,408	\$371
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.32%	0.03%
VISUAL SERVICES PER MONTH	64,462	64,647	185
VISUAL SERVICES UNIT COST	\$14.90	\$14.94	\$0.04
VISUAL SERVICES TOTAL COST	\$11,523,098	\$11,589,914	\$66,816

Medicaid Impact Conference Issues

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CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.16%	0.00%
CROSSOVER SERVICES/MONTH	1,019	1,022	3
CROSSOVER UNIT COST	\$19.26	\$19.32	\$0.06
CROSSOVER COST	\$235,519	\$236,940	\$1,421
HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.30%	0.00%
HEARING SERVICES PER MONTH	1,891	1,896	5
HEARING SERVICES UNIT COST	\$90.00	\$90.26	\$0.26
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,053,596	\$11,395
CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
TOTAL COST	\$38,763,009	\$38,842,641	\$79,632
TOTAL GENERAL REVENUE	\$16,406,394	\$16,440,098	\$33,704
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$21,712,832	\$44,514
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$689,711	\$1,414
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,119	3
MEDICAID UNIT COST	\$109.42	\$109.75	\$0.33
MEDICAID TOTAL COST	\$1,465,371	\$1,473,723	\$8,352

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TOTAL COST	\$1,465,371	\$1,473,723	\$8,352
TOTAL GENERAL REVENUE	\$631,428	\$635,027	\$3,599
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$838,696	\$4,753
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.37%	0.00%
MEDICAID SERVICES PER MONTH	27,228	27,306	78
MEDICAID UNIT COST	\$58.60	\$58.77	\$0.17
MEDICAID TOTAL COST	\$19,146,869	\$19,257,283	\$110,414

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,467	4
CROSSOVER UNIT COST	\$20.17	\$20.23	\$0.06
CROSSOVER COST	\$354,136	\$356,129	\$1,993

TOTAL COST	\$19,501,005	\$19,613,412	\$112,407
TOTAL GENERAL REVENUE	\$8,397,110	\$8,445,513	\$48,403
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,156,131	\$63,937
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$11,768	\$67
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.70%	0.01%
MEDICAID SERVICES PER MONTH	6,055	6,072	17
MEDICAID UNIT COST	\$37.20	\$37.31	\$0.11
MEDICAID TOTAL COST	\$2,702,664	\$2,718,556	\$15,892

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TOTAL COST	\$2,702,664	\$2,718,556	\$15,892
TOTAL GENERAL REVENUE	\$1,149,278	\$1,156,036	\$6,758
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,529,256	\$8,940
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$33,264	\$194
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$222.93	\$0.20
TOTAL COST	\$1,956,846,720	\$1,958,603,892	\$1,757,172

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,234,974,171	\$1,757,172
TOTAL GENERAL REVENUE	\$956,106,166	\$956,858,464	\$752,298
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,264,288,334	\$994,003
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,827,373	\$10,871
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,131,551,098	\$6,154,275
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,239,942,367	\$2,638,412
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,791,434,087	\$3,486,140
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,606,947	\$29,723
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #18b

Proposal Name:	PHSICIAN FEE INCREASE FOR RURAL HEALTH NETWORKS
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE ADDITIONAL FUNDING REQUIRED TO INCREASE MEDICAID PHYSICIAN REIMBURSEMENT RATES BY 10% TO PHSICIANS IN SCARCITY AREAS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$12,524,439
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule to change the fee structure is required.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

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Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	
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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$12,524,439
General Revenue:	\$5,369,229
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$7,094,383
Refugee Assistance Trust Fund:	\$60,827
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase rural	10%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	147.92%	0.84%
MEDICAID SERVICES/MONTH	1,282,831	1,290,198	7,367
MEDICAID UNIT COST	\$41.86	\$42.10	\$0.24
MEDICAID TOTAL COST	\$644,329,899	\$651,808,030	\$7,478,131

Medicaid Impact Conference Issues

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CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	12.90%	0.07%
CROSSOVER SERVICES/MONTH	49,285	49,568	283
CROSSOVER UNIT COST	\$34.36	\$34.57	\$0.20
CROSSOVER COST	\$20,323,982	\$20,559,863	\$235,881
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$716,367,893	\$7,714,012
TOTAL GENERAL REVENUE	\$202,522,536	\$205,831,310	\$3,308,774
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$425,058,883	\$4,371,852
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$2,910,003	\$33,386
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.64%	0.04%
SCREENING SERVICES PER MONTH	47,881	48,156	275
SCREENING UNIT COST	\$71.80	\$72.22	\$0.42
SCREENING TOTAL COST	\$41,255,386	\$41,733,916	\$478,530

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.29%	0.03%
VISUAL SERVICES PER MONTH	33,141	33,331	190
VISUAL SERVICES UNIT COST	\$22.61	\$22.74	\$0.13
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,095,363	\$104,456

Medicaid Impact Conference Issues

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HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,579	15
HEARING SERVICES UNIT COST	\$52.23	\$52.53	\$0.30
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,625,698	\$18,814

TOTAL COST	\$121,093,894	\$121,695,694	\$601,800
TOTAL GENERAL REVENUE	\$52,091,043	\$52,349,919	\$258,876
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$69,193,987	\$342,173
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$151,788	\$751
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.35%	0.06%
VISUAL SERVICES PER MONTH	64,462	64,832	370
VISUAL SERVICES UNIT COST	\$14.90	\$14.98	\$0.08
VISUAL SERVICES TOTAL COST	\$11,523,098	\$11,654,200	\$131,102

Medicaid Impact Conference Issues

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CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.16%	0.00%
CROSSOVER SERVICES/MONTH	1,019	1,025	6
CROSSOVER UNIT COST	\$19.26	\$19.37	\$0.11
CROSSOVER COST	\$235,519	\$238,251	\$2,732

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.30%	0.00%
HEARING SERVICES PER MONTH	1,891	1,902	11
HEARING SERVICES UNIT COST	\$90.00	\$90.52	\$0.52
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,066,028	\$23,827

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$38,920,670	\$157,661
TOTAL GENERAL REVENUE	\$16,406,394	\$16,473,123	\$66,729
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$21,756,450	\$88,132
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$691,097	\$2,800
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,122	6
MEDICAID UNIT COST	\$109.42	\$110.06	\$0.64
MEDICAID TOTAL COST	\$1,465,371	\$1,481,848	\$16,477

Medicaid Impact Conference Issues

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TOTAL COST	\$1,465,371	\$1,481,848	\$16,477
TOTAL GENERAL REVENUE	\$631,428	\$638,528	\$7,100
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$843,320	\$9,377
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.38%	0.01%
MEDICAID SERVICES PER MONTH	27,228	27,384	156
MEDICAID UNIT COST	\$58.60	\$58.94	\$0.34
MEDICAID TOTAL COST	\$19,146,869	\$19,368,156	\$221,287

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,471	8
CROSSOVER UNIT COST	\$20.17	\$20.29	\$0.12
CROSSOVER COST	\$354,136	\$358,159	\$4,023

TOTAL COST	\$19,501,005	\$19,726,315	\$225,310
TOTAL GENERAL REVENUE	\$8,397,110	\$8,494,128	\$97,018
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,220,351	\$128,157
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$11,836	\$135
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.70%	0.01%
MEDICAID SERVICES PER MONTH	6,055	6,090	35
MEDICAID UNIT COST	\$37.20	\$37.41	\$0.21
MEDICAID TOTAL COST	\$2,702,664	\$2,733,923	\$31,259

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TOTAL COST	\$2,702,664	\$2,733,923	\$31,259
TOTAL GENERAL REVENUE	\$1,149,278	\$1,162,571	\$13,293
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,537,900	\$17,584
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$33,452	\$382
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$223.16	\$0.43
TOTAL COST	\$1,956,846,720	\$1,960,624,640	\$3,777,920

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,236,994,919	\$3,777,920
TOTAL GENERAL REVENUE	\$956,106,166	\$957,723,605	\$1,617,439
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,265,431,439	\$2,137,108
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,839,875	\$23,373
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,137,921,262	\$12,524,439
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,242,673,184	\$5,369,229
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,795,042,330	\$7,094,383
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,638,051	\$60,827
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

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Proposal: #18c

Proposal Name:	PHSICIAN FEE INCREASE FOR RURAL HEALTH NETWORKS
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE ADDITIONAL FUNDING REQUIRED TO INCREASE MEDICAID PHYSICIAN REIMBURSEMENT RATES BY 20% TO PHSICIANS IN SCARCITY AREAS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$24,772,474
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule to change the fee structure is required.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

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Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	
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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$24,772,474
General Revenue:	\$10,620,081
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$14,032,346
Refugee Assistance Trust Fund:	\$120,047
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase rural	20%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	148.77%	1.69%
MEDICAID SERVICES/MONTH	1,282,831	1,297,564	14,733
MEDICAID UNIT COST	\$41.86	\$42.34	\$0.48
MEDICAID TOTAL COST	\$644,329,899	\$659,266,317	\$14,936,418

Medicaid Impact Conference Issues

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CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	12.97%	0.14%
CROSSOVER SERVICES/MONTH	49,285	49,851	566
CROSSOVER UNIT COST	\$34.36	\$34.76	\$0.40
CROSSOVER COST	\$20,323,982	\$20,795,119	\$471,137
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$724,061,436	\$15,407,555
TOTAL GENERAL REVENUE	\$202,522,536	\$209,131,304	\$6,608,768
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$429,419,134	\$8,732,103
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$2,943,301	\$66,684
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.69%	0.09%
SCREENING SERVICES PER MONTH	47,881	48,431	550
SCREENING UNIT COST	\$71.80	\$72.63	\$0.83
SCREENING TOTAL COST	\$41,255,386	\$42,210,522	\$955,136
DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0
VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.32%	0.06%
VISUAL SERVICES PER MONTH	33,141	33,522	381
VISUAL SERVICES UNIT COST	\$22.61	\$22.87	\$0.26
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,199,778	\$208,871

Medicaid Impact Conference Issues

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HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,593	29
HEARING SERVICES UNIT COST	\$52.23	\$52.83	\$0.60
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,643,858	\$36,974

TOTAL COST	\$121,093,894	\$122,294,875	\$1,200,981
TOTAL GENERAL REVENUE	\$52,091,043	\$52,607,670	\$516,627
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$69,534,670	\$682,856
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$152,535	\$1,498
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.41%	0.12%
VISUAL SERVICES PER MONTH	64,462	65,202	740
VISUAL SERVICES UNIT COST	\$14.90	\$15.07	\$0.17
VISUAL SERVICES TOTAL COST	\$11,523,098	\$11,791,130	\$268,032

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CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.16%	0.00%
CROSSOVER SERVICES/MONTH	1,019	1,031	12
CROSSOVER UNIT COST	\$19.26	\$19.48	\$0.22
CROSSOVER COST	\$235,519	\$241,007	\$5,488
HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,913	22
HEARING SERVICES UNIT COST	\$90.00	\$91.04	\$1.04
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,089,914	\$47,713
CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0
TOTAL COST	\$38,763,009	\$39,084,242	\$321,233
TOTAL GENERAL REVENUE	\$16,406,394	\$16,542,355	\$135,961
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$21,847,886	\$179,568
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$694,001	\$5,704
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,129	13
MEDICAID UNIT COST	\$109.42	\$110.69	\$1.27
MEDICAID TOTAL COST	\$1,465,371	\$1,499,628	\$34,257
TOTAL COST	\$1,465,371	\$1,499,628	\$34,257
TOTAL GENERAL REVENUE	\$631,428	\$646,189	\$14,761
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$853,439	\$19,496
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

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NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.38%	0.01%
MEDICAID SERVICES PER MONTH	27,228	27,541	313
MEDICAID UNIT COST	\$58.60	\$59.28	\$0.68
MEDICAID TOTAL COST	\$19,146,869	\$19,591,566	\$444,697
CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,480	17
CROSSOVER UNIT COST	\$20.17	\$20.41	\$0.24
CROSSOVER COST	\$354,136	\$362,482	\$8,346
TOTAL COST	\$19,501,005	\$19,954,048	\$453,043
TOTAL GENERAL REVENUE	\$8,397,110	\$8,592,190	\$195,080
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,349,885	\$257,691
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$11,973	\$272
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.70%	0.01%
MEDICAID SERVICES PER MONTH	6,055	6,125	70
MEDICAID UNIT COST	\$37.20	\$37.63	\$0.43
MEDICAID TOTAL COST	\$2,702,664	\$2,765,805	\$63,141
TOTAL COST	\$2,702,664	\$2,765,805	\$63,141
TOTAL GENERAL REVENUE	\$1,149,278	\$1,176,128	\$26,850
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,555,834	\$35,518
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$33,843	\$773
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

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PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$223.56	\$0.83
TOTAL COST	\$1,956,846,720	\$1,964,138,984	\$7,292,264

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,240,509,263	\$7,292,264
TOTAL GENERAL REVENUE	\$956,106,166	\$959,228,200	\$3,122,034
TOTAL OTHER STATE FUNDS	\$0	\$0	\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,267,419,445	\$4,125,114
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,861,618	\$45,116
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,150,169,297	\$24,772,474
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,247,924,036	\$10,620,081
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,801,980,293	\$14,032,346
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,697,271	\$120,047
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #18d

Proposal Name:	PHYSICIAN FEE INCREASE FOR RURAL HEALTH NETWORKS
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE ADDITIONAL FUNDING REQUIRED TO INCREASE MEDICAID PHYSICIAN REIMBURSEMENT RATES BY 30% TO PHSICIANS IN SCARCITY AREAS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$37,583,218
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule to change the fee structure is required.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

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Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	
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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$37,583,218
General Revenue:	\$16,111,913
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$21,288,720
Refugee Assistance Trust Fund:	\$182,585
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase rural	30%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	149.61%	2.53%
MEDICAID SERVICES/MONTH	1,282,831	1,304,931	22,100
MEDICAID UNIT COST	\$41.86	\$42.58	\$0.72
MEDICAID TOTAL COST	\$644,329,899	\$666,767,544	\$22,437,645

Medicaid Impact Conference Issues

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CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	13.05%	0.22%
CROSSOVER SERVICES/MONTH	49,285	50,134	849
CROSSOVER UNIT COST	\$34.36	\$34.96	\$0.59
CROSSOVER COST	\$20,323,982	\$21,031,729	\$707,747
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$731,799,273	\$23,145,392
TOTAL GENERAL REVENUE	\$202,522,536	\$212,450,298	\$9,927,762
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$433,804,488	\$13,117,457
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$2,976,790	\$100,173
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.73%	0.13%
SCREENING SERVICES PER MONTH	47,881	48,706	825
SCREENING UNIT COST	\$71.80	\$73.04	\$1.24
SCREENING TOTAL COST	\$41,255,386	\$42,689,835	\$1,434,449
DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0
VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.35%	0.09%
VISUAL SERVICES PER MONTH	33,141	33,712	571
VISUAL SERVICES UNIT COST	\$22.61	\$23.00	\$0.39
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,304,512	\$313,605

Medicaid Impact Conference Issues

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HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.41%	0.00%
HEARING SERVICES PER MONTH	2,564	2,608	44
HEARING SERVICES UNIT COST	\$52.23	\$53.13	\$0.90
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,662,756	\$55,872
TOTAL COST	\$121,093,894	\$122,897,820	\$1,803,926
TOTAL GENERAL REVENUE	\$52,091,043	\$52,867,039	\$775,996
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$69,877,494	\$1,025,680
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$153,287	\$2,250
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.47%	0.18%
VISUAL SERVICES PER MONTH	64,462	65,573	1,111
VISUAL SERVICES UNIT COST	\$14.90	\$15.15	\$0.25
VISUAL SERVICES TOTAL COST	\$11,523,098	\$11,921,171	\$398,073

Medicaid Impact Conference Issues

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CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.17%	0.01%
CROSSOVER SERVICES/MONTH	1,019	1,037	18
CROSSOVER UNIT COST	\$19.26	\$19.59	\$0.33
CROSSOVER COST	\$235,519	\$243,778	\$8,259

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,924	33
HEARING SERVICES UNIT COST	\$90.00	\$91.55	\$1.55
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,113,706	\$71,505

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$39,240,846	\$477,837
TOTAL GENERAL REVENUE	\$16,406,394	\$16,608,638	\$202,244
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$21,935,426	\$267,108
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$696,782	\$8,485
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,135	19
MEDICAID UNIT COST	\$109.42	\$111.31	\$1.89
MEDICAID TOTAL COST	\$1,465,371	\$1,516,042	\$50,671

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TOTAL COST	\$1,465,371	\$1,516,042	\$50,671
TOTAL GENERAL REVENUE	\$631,428	\$653,262	\$21,834
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$862,780	\$28,837
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.39%	0.02%
MEDICAID SERVICES PER MONTH	27,228	27,697	469
MEDICAID UNIT COST	\$58.60	\$59.61	\$1.01
MEDICAID TOTAL COST	\$19,146,869	\$19,812,218	\$665,349

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.35%	0.00%
CROSSOVER SERVICES/MONTH	1,463	1,488	25
CROSSOVER UNIT COST	\$20.17	\$20.52	\$0.35
CROSSOVER COST	\$354,136	\$366,405	\$12,269

TOTAL COST	\$19,501,005	\$20,178,623	\$677,618
TOTAL GENERAL REVENUE	\$8,397,110	\$8,688,891	\$291,781
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,477,624	\$385,430
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$12,108	\$407
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.71%	0.02%
MEDICAID SERVICES PER MONTH	6,055	6,159	104
MEDICAID UNIT COST	\$37.20	\$37.84	\$0.64
MEDICAID TOTAL COST	\$2,702,664	\$2,796,679	\$94,015

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TOTAL COST	\$2,702,664	\$2,796,679	\$94,015
TOTAL GENERAL REVENUE	\$1,149,278	\$1,189,257	\$39,979
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,573,202	\$52,886
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$34,220	\$1,150
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$224.02	\$1.29
TOTAL COST	\$1,956,846,720	\$1,968,180,479	\$11,333,759

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,244,550,758	\$11,333,759
TOTAL GENERAL REVENUE	\$956,106,166	\$960,958,483	\$4,852,317
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,269,705,653	\$6,411,322
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,886,622	\$70,120
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,162,980,041	\$37,583,218
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,253,415,868	\$16,111,913
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,809,236,667	\$21,288,720
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,759,809	\$182,585
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

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Proposal: #18e

Proposal Name:	PHSICIAN FEE INCREASE FOR RURAL HEALTH NETWORKS
Brief Description of Proposal:	PROVIDE AN ESTIMATE OF THE ADDITIONAL FUNDING REQUIRED TO INCREASE MEDICAID PHYSICIAN REIMBURSEMENT RATES BY 40% TO PHSICIANS IN SCARCITY AREAS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$50,110,296
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule to change the fee structure is required.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

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Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	
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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	\$50,110,296
General Revenue:	\$21,482,330
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$28,384,672
Refugee Assistance Trust Fund:	\$243,294
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

PHYSICIAN SERVICES

		Increase rural	40%
MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	147.08%	150.46%	3.38%
MEDICAID SERVICES/MONTH	1,282,831	1,312,298	29,467
MEDICAID UNIT COST	\$41.86	\$42.82	\$0.96
MEDICAID TOTAL COST	\$644,329,899	\$674,311,204	\$29,981,305

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CROSSOVER CASELOAD	384,244	384,244	0
CROSSOVER UTILIZATION RATE	12.83%	13.12%	0.29%
CROSSOVER SERVICES/MONTH	49,285	50,417	1,132
CROSSOVER UNIT COST	\$34.36	\$35.16	\$0.79
CROSSOVER COST	\$20,323,982	\$21,269,677	\$945,695
PHYSICIAN UPL	\$44,000,000	\$44,000,000	\$0
TOTAL COST	\$708,653,881	\$739,580,881	\$30,927,000
TOTAL GENERAL REVENUE	\$202,522,536	\$215,788,065	\$13,265,529
TOTAL MEDICAL CARE TRUST FUND	\$420,687,031	\$438,214,650	\$17,527,619
TOTAL REFUGEE ASSISTANCE TF	\$2,876,617	\$3,010,469	\$133,852
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

EPSDT

SCREENING CASELOAD	629,979	629,979	0
SCREENING UTILIZATION RATE	7.60%	7.78%	0.18%
SCREENING SERVICES PER MONTH	47,881	48,981	1,100
SCREENING UNIT COST	\$71.80	\$73.46	\$1.66
SCREENING TOTAL COST	\$41,255,386	\$43,177,731	\$1,922,345

DENTAL CASELOAD	629,979	629,979	0
DENTAL UTILIZATION RATE	54.95%	54.95%	0.00%
DENTAL SERVICES PER MONTH	346,174	346,174	0
DENTAL UNIT COST	\$16.67	\$16.67	\$0.00
DENTAL TOTAL COST	\$69,240,717	\$69,240,717	\$0

VISUAL SERVICES CASELOAD	629,979	629,979	0
VISUAL SERVICES UTILIZATION RATE	5.26%	5.38%	0.12%
VISUAL SERVICES PER MONTH	33,141	33,902	761
VISUAL SERVICES UNIT COST	\$22.61	\$23.13	\$0.52
VISUAL SERVICES TOTAL COST	\$8,990,907	\$9,409,839	\$418,932

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HEARING SERVICES CASELOAD	629,979	629,979	0
HEARING SERVICES UTILIZATION RATE	0.41%	0.42%	0.01%
HEARING SERVICES PER MONTH	2,564	2,623	59
HEARING SERVICES UNIT COST	\$52.23	\$53.43	\$1.20
HEARING SERVICES TOTAL COST	\$1,606,884	\$1,681,763	\$74,879

TOTAL COST	\$121,093,894	\$123,510,050	\$2,416,156
TOTAL GENERAL REVENUE	\$52,091,043	\$53,130,402	\$1,039,359
TOTAL MEDICAL CARE TRUST FUND	\$68,851,814	\$70,225,597	\$1,373,783
TOTAL REFUGEE ASSISTANCE TF	\$151,037	\$154,051	\$3,014
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

ADULT DENTAL, VISION, & HEARING

DENTAL SERVICES CASELOAD	626,468	626,468	0
DENTAL SERVICES UTILIZATION RATE	5.82%	5.82%	0.00%
DENTAL SERVICES PER MONTH	36,451	36,451	0
DENTAL SERVICES UNIT COST	\$57.07	\$57.07	\$0.00
DENTAL SERVICES TOTAL COST	\$24,962,191	\$24,962,191	\$0

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

VISUAL SERVICES CASELOAD	626,468	626,468	0
VISUAL SERVICES UTILIZATION RATE	10.29%	10.53%	0.24%
VISUAL SERVICES PER MONTH	64,462	65,943	1,481
VISUAL SERVICES UNIT COST	\$14.90	\$15.24	\$0.34
VISUAL SERVICES TOTAL COST	\$11,523,098	\$12,059,656	\$536,558

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CROSSOVER CASELOAD	626,468	626,468	0
CROSSOVER UTILIZATION RATE	0.16%	0.17%	0.01%
CROSSOVER SERVICES/MONTH	1,019	1,042	23
CROSSOVER UNIT COST	\$19.26	\$19.70	\$0.44
CROSSOVER COST	\$235,519	\$246,329	\$10,810

HEARING SERVICES CASELOAD	626,468	626,468	0
HEARING SERVICES UTILIZATION RATE	0.30%	0.31%	0.01%
HEARING SERVICES PER MONTH	1,891	1,934	43
HEARING SERVICES UNIT COST	\$90.00	\$92.07	\$2.07
HEARING SERVICES TOTAL COST	\$2,042,201	\$2,136,761	\$94,560

CROSSOVER CASELOAD	1,988,603	1,988,603	0
CROSSOVER UTILIZATION RATE	0.00%	0.00%	0.00%
CROSSOVER SERVICES/MONTH	0	0	0
CROSSOVER UNIT COST	\$0.00	\$0.00	\$0.00
CROSSOVER COST	\$0	\$0	\$0

TOTAL COST	\$38,763,009	\$39,404,937	\$641,928
TOTAL GENERAL REVENUE	\$16,406,394	\$16,678,090	\$271,696
TOTAL MEDICAL CARE TRUST FUND	\$21,668,318	\$22,027,152	\$358,834
TOTAL REFUGEE ASSISTANCE TF	\$688,297	\$699,695	\$11,398
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

BIRTHING CENTER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	0.06%	0.06%	0.00%
MEDICAID PAYMENTS PER MONTH	1,116	1,142	26
MEDICAID UNIT COST	\$109.42	\$111.94	\$2.52
MEDICAID TOTAL COST	\$1,465,371	\$1,534,026	\$68,655

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TOTAL COST	\$1,465,371	\$1,534,026	\$68,655
TOTAL GENERAL REVENUE	\$631,428	\$661,011	\$29,583
TOTAL MEDICAL CARE TRUST FUND	\$833,943	\$873,015	\$39,072
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

NURSE PRACTITIONER SERVICES

MEDICAID CASELOAD	1,988,603	1,988,603	0
MEDICAID UTILIZATION RATE	1.37%	1.40%	0.03%
MEDICAID SERVICES PER MONTH	27,228	27,853	625
MEDICAID UNIT COST	\$58.60	\$59.95	\$1.35
MEDICAID TOTAL COST	\$19,146,869	\$20,037,448	\$890,579

CROSSOVER CASELOAD	420,013	420,013	0
CROSSOVER UTILIZATION RATE	0.35%	0.36%	0.01%
CROSSOVER SERVICES/MONTH	1,463	1,497	34
CROSSOVER UNIT COST	\$20.17	\$20.64	\$0.47
CROSSOVER COST	\$354,136	\$370,777	\$16,641

TOTAL COST	\$19,501,005	\$20,408,225	\$907,220
TOTAL GENERAL REVENUE	\$8,397,110	\$8,787,758	\$390,648
TOTAL MEDICAL CARE TRUST FUND	\$11,092,194	\$11,608,222	\$516,028
TOTAL REFUGEE ASSISTANCE TF	\$11,701	\$12,245	\$544
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PHYSICIAN ASSISTANT SERVICES

MEDICAID CASELOAD	872,207	872,207	0
MEDICAID UTILIZATION RATE	0.69%	0.71%	0.02%
MEDICAID SERVICES PER MONTH	6,055	6,194	139
MEDICAID UNIT COST	\$37.20	\$38.05	\$0.85
MEDICAID TOTAL COST	\$2,702,664	\$2,828,180	\$125,516

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TOTAL COST	\$2,702,664	\$2,828,180	\$125,516
TOTAL GENERAL REVENUE	\$1,149,278	\$1,202,652	\$53,374
TOTAL MEDICAL CARE TRUST FUND	\$1,520,316	\$1,590,922	\$70,606
TOTAL REFUGEE ASSISTANCE TF	\$33,070	\$34,606	\$1,536
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

PREPAID HEALTH PLAN

CASELOAD	732,155	732,155	0
UNIT COST	\$222.73	\$224.44	\$1.71
TOTAL COST	\$1,956,846,720	\$1,971,870,541	\$15,023,821

CASELOAD-MENTAL HEALTH	555,629	555,629	0
UNIT COST	\$41.45	\$41.45	\$0.00
TOTAL COST	\$276,370,279	\$276,370,279	\$0

TOTAL COST	\$2,233,216,999	\$2,248,240,820	\$15,023,821
TOTAL GENERAL REVENUE	\$956,106,166	\$962,538,307	\$6,432,141
TOTAL OTHER STATE FUNDS	\$0		\$0
TOTAL MEDICAL CARE TRUST FUND	\$1,263,294,331	\$1,271,793,061	\$8,498,730
TOTAL REFUGEE ASSISTANCE TF	\$13,816,502	\$13,909,452	\$92,950
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL COST	\$3,125,396,823	\$3,175,507,119	\$50,110,296
TOTAL GENERAL REVENUE	\$1,237,303,955	\$1,258,786,285	\$21,482,330
TOTAL MEDICAL CARE TRUST FUND	\$1,787,947,947	\$1,816,332,619	\$28,384,672
TOTAL REFUGEE ASSISTANCE TF	\$17,577,224	\$17,820,518	\$243,294
TOTAL TOBACCO SETTLEMENT TF	\$82,567,697	\$82,567,697	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

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Proposal: #19

Proposal Name:	HOSPITAL INPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO REIMBURSE ALL HOSPITALS AT MEDICARE RATES
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	Unable to Calculate
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retro active to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

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Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	Unable to calculate at this time
Date Completed:	
Total (Savings) Cost of Proposal:	
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

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Proposal: #20

Proposal Name:	HOSPITAL INPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO REIMBURSE ALL HOSPITAL VARIABLE COST TARGETS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$363,345,181
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retro active to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

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Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$363,345,181
General Revenue:	\$156,656,439
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$206,779,743
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

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Proposal: #21

Proposal Name:	HOSPITAL INPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO REIMBURSE ALL HOSPITAL VARIABLE COST TARGETS AND COUNTY CEILING TARGETS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$772,630,167
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications		
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?		
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$772,630,167
General Revenue:	\$332,926,339
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$439,703,828
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

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Proposal: #22

Proposal Name:	HOSPITAL INPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO REIMBURSE ALL HOSPITAL VARIABLE COST TARGETS, COUNTY CEILING TARGETS AND COUNTY CEILINGS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$822,879,794
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications		
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?		
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$822,879,794
General Revenue:	\$354,578,903
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$468,300,891
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #23

Proposal Name:	HOSPITAL INPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO REIMBURSE ALL HOSPITAL VARIABLE COST TARGETS, COUNTY CEILING TARGETS AND COUNTY CEILINGS ONLY FOR HOSPITALS THAT WERE EXEMPT IN FY 2006-07
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	TBD
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	TBD
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #24

Proposal Name:	HOSPITAL INPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO ELIMINATE HOSPITAL VARIABLE COST TARGETS, COUNTY CEILINGS TARGETS AND COUNTY CEILINGS ONLY FOR HOSPITALS THAT ARE RECOMMENDED AS EXEMPT IN FY 2007-08 LIP COUNCIL RECOMMENDATIONS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$551,193,075
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$551,193,075
General Revenue:	\$237,509,096
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$313,683,979
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #25

Proposal Name:	HOSPITAL INPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE PROPERTY RATE ALLOWANCE FROM 80% TO 85%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/012007
Total (Savings) Expected:	\$11,291,909
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$11,291,909
General Revenue:	\$4,865,684
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$6,426,226
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #26

Proposal Name:	HOSPITAL INPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE PROPERTY RATE ALLOWANCE FROM 80% TO 90%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$22,583,819
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$22,583,819
General Revenue:	\$9,731,368
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$12,852,451
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #27

Proposal Name:	HOSPITAL INPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE PROPERTY RATE ALLOWANCE FROM 80% TO 95%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$33,875,728
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$33,875,728
General Revenue:	\$14,597,051
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$19,278,677
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #28

Proposal Name:	HOSPITAL INPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO INCREASE PROPERTY RATE ALLOWANCE FROM 80% TO 100%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$45,167,638
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$45,167,638
General Revenue:	\$19,462,735
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$25,704,903
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #29

Proposal Name:	HOSPITAL OUTPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO REIMBURSE ALL HOSPITALS AT MEDICARE RATES
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	Unable to Calculate
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retro active to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	
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Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Unable to calculate at this time.
Date Completed:	
Total (Savings) Cost of Proposal:	
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #30

Proposal Name:	HOSPITAL OUTPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO ELIMINATE ALL HOSPITAL VARIABLE COST TARGETS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$71,336,602
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$71,336,602
General Revenue:	\$30,738,942
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$40,597,660
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #31

Proposal Name:	HOSPITAL OUTPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO ELIMINATE ALL HOSPITAL VARIABLE COST TARGETS AND COUNTY CEILINGS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$85,886,337
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$85,886,337
General Revenue:	\$37,008,423
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$48,877,914
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #32

Proposal Name:	HOSPITAL OUTPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO ELIMINATE ALL HOSPITAL VARIABLE COST TARGETS, COUNTY CEILINGS AND COUNTY CEILINGS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$157,951,597
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$157,951,597
General Revenue:	\$68,061,343
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$89,890,254
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #33

Proposal Name:	HOSPITAL OUTPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO ELIMINATE ALL HOSPITAL VARIABLE COST TARGETS, COUNTY CEILINGS AND COUNTY CEILINGS ONLY FOR HOSPITALS THAT WERE EXEMPT IN FY 2006-07
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	TBD
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	TBD
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #34

Proposal Name:	HOSPITAL OUTPATIENT REIMBURSEMENT RATE INCREASE
Brief Description of Proposal:	COST TO ELIMINATE ALL HOSPITAL VARIABLE COST TARGETS, COUNTY CEILINGS AND COUNTY CEILINGS ONLY FOR HOSPITALS THAT ARE RECOMMENDED AS EXEMPT IN FY 2007-08 LIP COUNCIL RECOMMENDATIONS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$86,299,664
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retroactive to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Rydell Samuel
Secondary Analyst:	
Comment:	Calculations based on January 2007 rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$86,299,664
General Revenue:	\$37,186,525
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$49,113,139
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: Issue #35

Proposal Name:	NURSING HOME RATE INCREASE
Brief Description of Proposal:	COST TO REBASE OPERATING COMPONENT TO TARGET CEILING
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	7/1/2007
Total (Savings) Expected:	\$34,353,392
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Title XIX Long Term Care Reimbursement Plan will need to be amended.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Plan is adopted through rule, therefore a rule change will be needed.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	J. Ross Nobles
Secondary Analyst:	
Comment:	Calculations based on January 2007 Nursing Home Rates
Date Completed:	2/27/07
Total (Savings) Cost of Proposal:	\$34,353,392
General Revenue:	\$14,802,877
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$19,550,515
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: Issue #36

Proposal Name:	NURSING HOME RATE INCREASE
Brief Description of Proposal:	COST TO REBASE INDIRECT PATIENT CARE COMPONENT TO TARGET CEILING
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	7/1/2007
Total (Savings) Expected:	\$37,314,688
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Title XIX Long Term Care Reimbursement Plan will need to be amended.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Plan is adopted through rule, therefore a rule change will be needed.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	J. Ross Nobles
Secondary Analyst:	
Comment:	Calculations based on January 2007 Nursing Home Rates
Date Completed:	2/27/07
Total (Savings) Cost of Proposal:	\$37,314,688
General Revenue:	\$16,078,899
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$21,235,789
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: Issue #37

Proposal Name:	NURSING HOME RATE INCREASE
Brief Description of Proposal:	COST TO RESTORE FY 2005-06 NURSING HOME REIMBURSEMENT RATE CUTS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	7/1/2007
Total (Savings) Expected:	\$25,853,709
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	Title XIX Long Term Care Reimbursement Plan will need to be amended.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The Plan is adopted through rule, therefore a rule change will be needed.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrators professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	J. Ross Nobles
Secondary Analyst:	
Comment:	Calculations based on FY 2005/06 Nursing Home Rates
Date Completed:	2/27/07
Total (Savings) Cost of Proposal:	\$25,853,709
General Revenue:	\$11,140,363
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$14,713,346
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #38A

Proposal Name:	HMO RATE INCREASE 1%
Brief Description of Proposal:	CALCULATE AN ESTIMATE OF COST TO INCREASE THE HMO RATES BY REDUCING THE DISCOUNT FACTOR BY 1%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$20,219,952
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	The rate methodology rule may require modifications to address the reduction to the discount factor.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	The Medicaid Reform 1115 Demonstration waiver’s approved Budget Neutrality did not include any anticipated rate increases. Therefore, an amendment may be required.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	JACK SHI
Secondary Analyst:	
Comment:	Calculations based on SFY0607 Base Rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$ 20,219,952
General Revenue:	\$ 8,712,777
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$ 11,507,175
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #38B

Proposal Name:	HMO RATE INCREASE 2%
Brief Description of Proposal:	CALCULATE AN ESTIMATE OF COST TO INCREASE THE HMO RATES BY REDUCING THE DISCOUNT FACTOR BY 2%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$ 40,439,903
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	The rate methodology rule may require modifications to address the reduction to the discount factor.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	The Medicaid Reform 1115 Demonstration waiver’s approved Budget Neutrality did not include any anticipated rate increases. Therefore, an amendment may be required.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	JACK SHI
Secondary Analyst:	
Comment:	Calculations based on SFY0607 Base Rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$ 40,439,903
General Revenue:	\$ 17,425,554
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$ 23,014,349
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #38C

Proposal Name:	HMO RATE INCREASE 3%
Brief Description of Proposal:	CALCULATE AN ESTIMATE OF COST TO INCREASE THE HMO RATES BY REDUCING THE DISCOUNT FACTOR BY 3%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$ 60,659,856
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	The rate methodology rule may require modifications to address the reduction to the discount factor.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	The Medicaid Reform 1115 Demonstration waiver’s approved Budget Neutrality did not include any anticipated rate increases. Therefore, an amendment may be required.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	JACK SHI
Secondary Analyst:	
Comment:	Calculations based on SFY0607 Base Rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$ 60,659,856
General Revenue:	\$ 26,138,332
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$ 34,521,524
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #38D

Proposal Name:	HMO RATE INCREASE 4%
Brief Description of Proposal:	CALCULATE AN ESTIMATE OF COST TO INCREASE THE HMO RATES BY REDUCING THE DISCOUNT FACTOR BY 4%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$ 79,666,002
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	The rate methodology rule may require modifications to address the reduction to the discount factor.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	The Medicaid Reform 1115 Demonstration waiver’s approved Budget Neutrality did not include any anticipated rate increases. Therefore, an amendment may be required.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	JACK SHI
Secondary Analyst:	
Comment:	Calculations based on SFY0607 Base Rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$ 79,666,002
General Revenue:	\$ 34,328,080
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$ 45,337,922
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #38E

Proposal Name:	HMO RATE INCREASE 5%
Brief Description of Proposal:	CALCULATE AN ESTIMATE OF COST TO INCREASE THE HMO RATES BY REDUCING THE DISCOUNT FACTOR BY 5%
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$ 98,672,149
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	YES	The rate methodology rule may require modifications to address the reduction to the discount factor.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	The Medicaid Reform 1115 Demonstration waiver’s approved Budget Neutrality did not include any anticipated rate increases. Therefore, an amendment may be required.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	JACK SHI
Secondary Analyst:	
Comment:	Calculations based on SFY0607 Base Rates
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$ 98,672,149
General Revenue:	\$ 42,517,829
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$ 56,154,320
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #39

Proposal Name:	GLOBAL REIMBURSEMNT RATE FOR MULTI-ORGAN AND INTESTINAL TRANSPLANTS
Brief Description of Proposal:	COST TO IMPLEMENT A GLOBAL PEDIATRIC AND ADULT MULTI-ORGAN TRANSPLANT PROGRAM AND A FLOBAL PEDIATRIC AND ADULT INTESTINAL TRANSPLANT PROGRAM
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$2,800,000
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	An amendment to the State Plan would be required to allow coverage for this service. Currently Medicaid covers single and dual organ transplants for both children and adults.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	The provider handbook would require modifications due to this policy change.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Beth Kidder, Fred Roberson, Jack Shi
Secondary Analyst:	
Comment:	
Date Completed:	
Total (Savings) Cost of Proposal:	\$2,800,000
General Revenue:	\$1,206,520
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$1,593,480
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

Estimate of cost to implement a Global Pediatric and Adult Multi-Organ Transplant program and a Global Pediatric and Adult Intestinal Transplant program.

Estimated cost per evaluation (same as Lung evaluation)			
	Adult	Pediatric	
Physician	\$ 6,000	\$ 6,000	
Facility	\$ 9,000	\$ 9,000	
Estimated cost per transplant			
	Adult	Pediatric	
Physician	\$ 30,000	\$ 35,000	
Facility	\$ 200,000	\$ 250,000	

The Agency assumes that there could be approximately 10 transplants per year.
Approximately 5 additional evaluations

Services	Adult	Pediatric
Evaluations (7 Adult - 8 Pediatric)	\$ 105,000	\$ 120,000
Transplants (5 each)	\$ 1,150,000	\$ 1,425,000
	\$ 1,255,000	\$ 1,545,000
	Total	\$ 2,800,000
	FMAP	\$ 1,593,480
	GR	\$ 1,206,520

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #40 A

Proposal Name:	COST TO COVER NON-TITLE XXI ELIGIBLE CHILDREN UNDER THE FLORIDA HEALTHY KIDS PROGRAM INCLUDING DENTAL SERVICES .
Brief Description of Proposal:	COST TO COVER NON-TITLE ELIGIBLE CHILDREN UNDER THE FLORIDA HEALTHY KIDS PROGRAM, INCLUDING DENTAL SERVICES.
Proposed State Fiscal Year: 07/08	2007/08
Proposed Start Date: 07/01/2007	7/1/2007
Total (Cost) Expected:	\$4,132,636
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	Florida Statute 624.91(3)(b) would require a change to remove the requirement of being enrolled in the program since 1/31/04.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	No	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	No	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	No	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Greg Bracko
Secondary Analyst:	Gail Hansen
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	2/20/07
Total Cost of Proposal:	\$4,132,636
General Revenue:	\$3,853,789
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	\$278,847
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

#40 A Cost to cover non-title XXI Eligible Children under the Florida Healthy Kids Program Including dental services.

Assumptions:

Program implementation date 7/1/2007.

Florida Healthy Kids - Children=5 and <19 in families with income up to 200% of the Federal Poverty Level.

Current Florida Healthy Kids -Subsidized (Non-Title XXI) enrollment. (1) **2,608**

Program component.	Avg. Monthly caseload	Annual caseload	\$PMPM	Annual Cost	Federal	State
Florida Healthy Kids						
Medical	2,608	31,296	\$110.45	\$3,456,643	\$0	\$3,456,643
Dental	2,608	31,296	\$11.30	\$353,645	\$0	\$353,645
Admin	2,608	31,296	\$10.30	\$322,349	\$0	\$322,349
Less: Family Contribution	2,608	31,296	(8.91)	(278,847)	\$0	(\$278,847)
Total			\$123.14	\$3,853,789	\$0	\$3,853,789

Health Care Services (68500000)	
Children's Special Health Care Trust Fund (68500100)	
(1000-2) General Revenue (State)	\$3,853,789
(2474-3) Medical Care Trust Fund	\$0
(2339-2) Grants & Donations Trust Fund	\$278,847
Total	\$4,132,636

Footnotes

Per member per month cost. Source: January 30, 2007, Social Service Estimating Conference, SFY 07-08.

(1) Number of non-title XXI eligible children under the Florida Healthy Kids Program as of February 2007, Enrollment Report.

Medicaid Impact Conference Issues

March 09, 2007

Proposal: 40 B

Proposal Name:	COST TO COVER NON-TITLE XXI ELIGIBLE CHILDREN UNDER THE FLORIDA HEALTHY KIDS PROGRAM INCLUDING DENTAL SERVICES . FOR ALIENS WHO DO NOT QUALIFY BECAUSE OF THEIR ALIEN STATUS.
Brief Description of Proposal:	COST TO COVER NON-TITLE ELIGIBLE CHIDREN UNDER THE FLORIDA HEALTHY KIDS PROGRAM, INCLUDUNG DENTAL SEVICES. FOR LEGAL ALIENS WHO DO NOT QUALIFY BECAUSE OF THEIR ALIEN STATUS.
Proposed State Fiscal Year: 07/08	2007/08
Proposed Start Date: 07/01/2007	7/1/2007
Total (Cost) Expected:	\$13,124,257
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	Florida Statute 624.91(3)(b) would require a change to remove the requirement of being enrolled in the program since 1/31/04.
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	No	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	No	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	No	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	
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Program Analysis:

Lead Analyst:	Greg Bracko
Secondary Analyst:	Gail Hansen
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	2/20/07
Total Cost of Proposal:	\$13,124,257
General Revenue:	\$12,257,356
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	\$866,901
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

#40 B Cost to cover non-title Eligible Children under the Florida Healty Kids Program Including dental servise. For legel Aliens who do not qualify because of their alien status.

Assumptions:

Program implementation date 7/1/2007.

Florida Healthy Kids - Children=5 and <19 in families with income up to 200% of the Federal Poverty Level.

Projected Florida Healthy Kids - Subsidized (Non-Title XXI) enrollment. (1) 8,295

Program component.	Avg. Monthly caseload	Annual caseload	\$PMPM	Annual Cost	Federal	State
Florida Healthy Kids						
Medical	8,295	99,540	\$110.45	\$10,994,193	\$0	\$10,994,193
Dental	8,295	99,540	\$11.30	\$1,124,802	\$0	\$1,124,802
Admin	8,295	99,540	\$10.30	\$1,025,262	\$0	\$1,025,262
Less:Family Conrobution	8,295	99,540	(8.91)	(\$886,901)	\$0	(\$886,901)
Total			\$123.14	\$12,257,356	\$0	\$12,257,356

Health Care Services (68500000)	
Children's Special Health Care Trust Fund (68500100)	
(1000-2) General Revenue (State)	\$12,257,356
(2474-3) Medical Care Trust Fund	\$0
(2339-2) Grants & Donations Trust Fund	\$866,901
Total	\$13,124,257

Footnotes

Per member per month cost. Source: January 30, 2007, Social Service Estimating Conference, SFY 07-08.

(1) Number of legal aliens who do not qualify because of their alien status, as of November 2004 Enrollment Report was 10,903.

A policy was made not to enroll any more aliens, those who were currently enrolled, were grandfathered in and allowed to stay.

Over time the enrollment of this group has decreased to 2,608. (10,903-2,608) = 8,295

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #41A

Proposal Name:	NON-EMERGENCY TRANSPORTATION
Brief Description of Proposal:	ESTIMATE THE IMPACT OF THE RECENT DECREASES IN CASELOAD ON THE PRICING OF THE NON-EMERGENCY TRANSPORTATION CONTRACT (BASED ON BUDGETED CASELOAD)
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	(\$2,033,547)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	No	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	The NET waiver and the Contract for the transportation vendor would both require amendments as a result of this change. The NET waiver is up for renewal in December 2007.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?		
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have	
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Program Analysis:

Lead Analyst:	Fred Roberson, Doug Harper
Secondary Analyst:	
Comment:	
Date Completed:	
Total (Savings) Cost of Proposal:	(\$2,033,547)
General Revenue:	(\$875,849)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$1,157,698)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Potential change in CTD contract due to caseload

PMPM based on budgeted caseload

Current Allocation	\$73,422,505
Adjusted allocation	\$71,388,958
Reduction	(\$2,033,547)
GR	(\$875,849)
MCTF	(\$1,157,698)

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #41B

Proposal Name:	NON-EMERGENCY TRANSPORTATION
Brief Description of Proposal:	ESTIMATE THE IMPACT OF THE RECENT DECREASES IN CASELOAD ON THE PRICING OF THE NON-EMERGENCY TRANSPORTATION CONTRACT (BASED ON CURRENT CASELOAD)
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$1,004,028
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – MEDICAID SERVICES

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	No	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	YES	The NET waiver and the Contract for the transportation vendor would both require amendments as a result of this change. The NET waiver is up for renewal in December 2007.
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?		
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

Additional Comment(s):

Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have

Program Analysis:

Lead Analyst:	Fred Roberson, Doug Harper
Secondary Analyst:	
Comment:	
Date Completed:	
Total (Savings) Cost of Proposal:	\$1,004,028
General Revenue:	\$432,435
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$571,593
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Potential change in CTD contract due to caseload

PMPM based on current caseload (3-1-07 SSEC)

Current Allocation	\$73,422,505
Adjusted allocation	\$74,426,533
Reduction	\$1,004,028
GR	\$432,435
MCTF	\$571,593

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #42

Proposal Name:	PHARMACY ASSISTANCE PROGRAM
Brief Description of Proposal:	CASELOAD, UTILIZATION AND EXPENDITURE ESTIMATE FOR FY 2007-08 FOR PROGRAM
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	(\$1,428,712)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS – PHARMACY

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If “Yes” please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If “Yes” please provide a brief description and timeframe.	NO*	*FS 409.9301 (HB 5007) passed by the 2006 legislative session gave authority to the Agency for Health Care Administration to adopt rules for the provision. An administrative rule is not necessary but is recommended to clarify operational policies.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If “Yes”, for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If “Yes” for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If “Yes” provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	YES	The proposal requires one FTE to manage the program. The administration staff could be either Career Service as a Gov’t Analyst II (pay grade 026) or OPS. The administration duties could be contracted.
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator’s professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		This program was created during the 2006 legislative session (FS 409.9301 HB 5007) and is currently operational. Funding of \$3,709,408 was appropriated for the 2006/2007 state fiscal year.

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Pharmacy
Secondary Analyst:	
Comment:	
Date Completed:	2/21/07
Total (Savings) Cost of Proposal:	(\$1,428,712)
General Revenue:	(\$1,428,712)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

The estimate is ½ the recurring budget authority for SFY0607.

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #43A

Proposal Name:	DEVELOPMENTAL DISABILITIES WAIVER
Brief Description of Proposal:	CAP RESIDENTIAL REHAB SERVICES TO 2 HOURS A DAY.
Proposed State Fiscal Year: 07/08	2007/08
Proposed Start Date: 07/01/2007	7/1/2007
Total (Cost) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	The provider handbook will require modifications due to this change.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	The waiver authority and program design will need to be amended.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/8/07
Total Cost of Proposal:	N/A
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #43B

Proposal Name:	DEVELOPMENTAL DISABILITIES WAIVER
Brief Description of Proposal:	CAP RESIDENTIAL REHAB SERVICES TO 4 HOURS A DAY.
Proposed State Fiscal Year: 07/08	2007/08
Proposed Start Date: 07/01/2007	7/1/2007
Total (Cost) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	The provider handbook will require modifications due to this change.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	The waiver authority and program design will need to be amended.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/8/07
Total Cost of Proposal:	N/A
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	N/A
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #43C

Proposal Name:	DEVELOPMENTAL DISABILITIES WAIVER
Brief Description of Proposal:	CAP RESIDENTIAL REHAB SERVICES TO 6 HOURS A DAY.
Proposed State Fiscal Year: 07/08	2007/08
Proposed Start Date: 07/01/2007	7/1/2007
Total (Cost) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	The provider handbook will require modifications due to this change.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	The waiver authority and program design will need to be amended.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/8/07
Total Cost of Proposal:	N/A
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	N/A
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #44

Proposal Name:	DEVELOPMENTAL DISABILITIES WAIVER
Brief Description of Proposal:	CAP ADULT DAY TRAINING SERVICES TO 4 OR 6 HOURS A DAY.
Proposed State Fiscal Year: 07/08	2007/08
Proposed Start Date: 07/01/2007	7/1/2007
Total (Cost) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	The provider handbook will require modifications due to this change.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	The waiver authority and program design will need to be amended.
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on FY 2007/08 SSEC
Date Completed:	3/8/07
Total Cost of Proposal:	N/A
General Revenue:	
Administrative Trust Fund:	
Medical Health Care Trust Fund:	N/A
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #45A

Proposal Name:	Institutions for Mental Disease
Brief Description of Proposal:	Cost to implement State Plan Change and an estimate of any retroactive payments that may be required.
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$12,000,000
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A state plan amendment is needed to authorize an application process for any willing qualified provider that is licensed as either free-standing or public hospitals to apply to be a Medicaid mental health hospital provider. This process will address Florida's noncompliance with federal regulations and the current unmet need of this target population .
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>In a March 17, 2006 letter, the Centers for Medicare and Medicaid Services provided notice to Florida that this provision is out of compliance with 1902(a)(23) of the Social Security Act, implemented in federal regulations at 42 CFR 431.51. CMS is mandating that the state come into compliance or terminate coverage for this service.</p> <p>At this time, the Agency is unable to determine the potential impact of any retroactive payments.</p>
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Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	Based on 2007 Supplemental LBR
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$12,000,000
General Revenue:	\$5,170,800
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$6,829,200
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #45B

Proposal Name:	Institutions for Mental Disease
Brief Description of Proposal:	Cost to implement State Plan Change and an estimate of any retroactive payments that may be required.
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A state plan amendment is needed to authorize an application process for any willing qualified provider that is licensed as either free-standing or public hospitals to apply to be a Medicaid mental health hospital provider. This process will address Florida's noncompliance with federal regulations and the current unmet need of this target population .
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>In a March 17, 2006 letter, the Centers for Medicare and Medicaid Services provided notice to Florida that this provision is out of compliance with 1902(a)(23) of the Social Security Act, implemented in federal regulations at 42 CFR 431.51. CMS is mandating that the state come into compliance or terminate coverage for this service.</p> <p>At this time, the Agency is unable to determine the potential impact of any retroactive payments.</p>
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Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	Based on 2007 Supplemental LBR
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	N/A
General Revenue:	N/A
Administrative Trust Fund:	
Medical Health Care Trust Fund:	N/A
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #46A

Proposal Name:	Qualified Medicare Beneficiary
Brief Description of Proposal:	Cost to implement State Plan Change and an estimate of payments that may be required.
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	\$133,170,134
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	To retain federal funding (FFP) for Medicare crossover services, the Centers for Medicare and Medicaid Services (CMS) are requiring that Florida Medicaid revise its State Plan and expand its Medicare cost sharing obligations for Qualified Medicare Beneficiaries (QMBs).
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>Medicaid coverage of cost sharing obligations must now include what Medicaid is not currently covering as noted below under Medicare Parts A, B, and C. Per a July 28, 2000 HCFA Transmittal Notice, MCD-003-00, and a March 28, 2006 letter from CMS, Medicaid must cover for all QMBs "...the full range of Medicare covered services and Medicare provider options, without regard to whether those services are covered under the Medicaid State Plan..."</p> <p>At this time, the Agency is unable to determine the potential impact of any retroactive payments.</p>
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Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	Based on 2007 Supplemental LBR
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	\$133,170,134
General Revenue:	\$57,383,011
Administrative Trust Fund:	
Medical Health Care Trust Fund:	\$75,787,123
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

QMB crossover claim assumptions

- 1 The Medicaid Maximum will remain in effect. Hence the payment for this claim would not increase.
- 2 In the denied claims file any procedure that we cover is assumed to not be affected by this policy
- 3 Looked at all denied claims with no matching Medicaid procedure code. Assumed we would pay full deductible and coinsurance and would be included in the Physician category of service..
- 4 For Part A coinsurance : assumed we would pay all billed coinsurance for part A claims where we paid the deductible
- 5 For the part A denied claims assumed we would pay coinsurance for all claims with no deductible.
- 6 For the Part A denied claims where there was a deductible we assumed the coinsurance would also be denied

RESULT

Total	\$133,170,134
General Revenue	\$57,383,011
MCTF	\$75,787,123

Medicaid Impact Conference Issues

March 09, 2007

	Current Projected Cost of Coinsurance and Deductibles for QMB's	Projected Cost of Coinsurance and Deductibles to Comply with CMS directive	Increase
<u>PHYSICIAN SERVICES</u>			
CROSSOVER CASELOAD	382,631	382,631	0
CROSSOVER UTILIZATION RATE	13.06%	17.72%	4.66%
CROSSOVER SERVICES/MONTH	49,963	67,806	17,843
CROSSOVER UNIT COST	\$29.74	\$29.74	\$0.00
CROSSOVER COST	\$17,829,309	\$24,196,588	\$6,367,279
TOTAL COST	\$17,829,309	\$24,196,588	\$6,367,279
TOTAL GENERAL REVENUE	\$7,682,649	\$10,426,310	\$2,743,661
TOTAL MEDICAL CARE TRUST FUND	\$10,146,660	\$13,770,278	\$3,623,618
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

HOSPITAL INSURANCE BENEFITS

MEDICAID CASELOAD	382,631	382,631	0
MEDICAID UTILIZATION RATE	3.66%	7.71%	4.05%
MEDICAID PAYMENTS PER MONTH	13,988	29,484	15,496
MEDICAID UNIT COST	\$681.91	\$681.91	\$0.00
MEDICAID TOTAL COST	\$114,462,980	\$241,265,835	\$126,802,855
TOTAL COST	\$114,462,980	\$241,265,835	\$126,802,855
TOTAL GENERAL REVENUE	\$49,322,098	\$103,961,448	\$54,639,350
TOTAL MEDICAL CARE TRUST FUND	\$65,140,882	\$137,304,387	\$72,163,505
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

HOSPITAL OUTPATIENT SERVICES

CROSSOVER CASELOAD	382,631	382,631	0
CROSSOVER UTILIZATION RATE	16.59%	16.59%	0.00%
CROSSOVER SERVICES/MONTH	63,483	63,483	0
CROSSOVER UNIT COST	\$120.15	\$120.15	\$0.00
CROSSOVER TOTAL COST	\$91,528,022	\$91,528,022	\$0
TOTAL COST	\$91,528,022	\$91,528,022	\$0
TOTAL GENERAL REVENUE	\$39,439,425	\$39,439,425	\$0
TOTAL MEDICAL CARE TRUST FUND	\$52,088,597	\$52,088,597	\$0
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

OTHER LAB AND X-RAY

CROSSOVER CASELOAD	382,631	382,631	0
CROSSOVER UTILIZATION RATE	3.66%	3.66%	0.00%
CROSSOVER SERVICES/MONTH	13,990	13,990	0
CROSSOVER UNIT COST	\$10.14	\$10.14	\$0.00
CROSSOVER TOTAL COST	\$1,702,810	\$1,702,810	\$0
TOTAL COST	\$1,702,810	\$1,702,810	\$0
TOTAL GENERAL REVENUE	\$733,741	\$733,741	\$0
TOTAL MEDICAL CARE TRUST FUND	\$969,069	\$969,069	\$0
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

HOME HEALTH SERVICES

CROSSOVER CASELOAD	382,631	382,631	0
CROSSOVER UTILIZATION RATE	8.68%	8.68%	0.00%
CROSSOVER SERVICES/MONTH	33,194	33,194	0
CROSSOVER UNIT COST	\$12.17	\$12.17	\$0.00
CROSSOVER TOTAL COST	\$4,848,697	\$4,848,697	\$0

TOTAL COST	\$4,848,697	\$4,848,697	\$0
TOTAL GENERAL REVENUE	\$2,089,304	\$2,089,304	\$0
TOTAL MEDICAL CARE TRUST FUND	\$2,759,393	\$2,759,393	\$0
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS	\$0	\$0	\$0

PATIENT TRANSPORTATION

CROSSOVER CASELOAD	382,631	382,631	0
CROSSOVER UTILIZATION RATE	9.92%	9.92%	0.00%
CROSSOVER SERVICES/MONTH	37,941	37,941	0
CROSSOVER UNIT COST	\$31.21	\$31.21	\$0.00
CROSSOVER TOTAL COST	\$14,209,771	\$14,209,771	\$0

TOTAL COST	\$14,209,771	\$14,209,771	\$0
TOTAL GENERAL REVENUE	\$6,122,990	\$6,122,990	\$0
TOTAL MEDICAL CARE TRUST FUND	\$8,086,781	\$8,086,781	\$0
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

Medicaid Impact Conference Issues

March 09, 2007

NURSE PRACTITIONER SERVICES

CROSSOVER CASELOAD	419,445	419,445	0
CROSSOVER UTILIZATION RATE	0.42%	0.42%	0.00%
CROSSOVER SERVICES/MONTH	1,748	1,748	0
CROSSOVER UNIT COST	\$15.74	\$15.74	\$0.00
CROSSOVER COST	\$330,062	\$330,062	\$0
TOTAL COST	\$330,062	\$330,062	\$0
TOTAL GENERAL REVENUE	\$142,224	\$142,224	\$0
TOTAL MEDICAL CARE TRUST FUND	\$187,838	\$187,838	\$0
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$0	\$0	\$0

TOTAL EXPENDITURES

TOTAL COST	\$244,911,651	\$378,081,785	\$133,170,134
TOTAL GENERAL REVENUE	\$105,532,431	\$162,915,442	\$57,383,011
TOTAL MEDICAL CARE TRUST FUND	\$139,379,220	\$215,166,343	\$75,787,123

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #46B

Proposal Name:	Qualified Medicare Beneficiary
Brief Description of Proposal:	Cost to implement State Plan Change and an estimate of any retroactive payments that may be required.
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	TBD
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	To retain federal funding (FFP) for Medicare crossover services, the Centers for Medicare and Medicaid Services (CMS) are requiring that Florida Medicaid revise its State Plan and expand its Medicare cost sharing obligations for Qualified Medicare Beneficiaries (QMBs).
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>Medicaid coverage of cost sharing obligations must now include what Medicaid is not currently covering as noted below under Medicare Parts A, B, and C. Per a July 28, 2000 HCFA Transmittal Notice, MCD-003-00, and a March 28, 2006 letter from CMS, Medicaid must cover for all QMBs "...the full range of Medicare covered services and Medicare provider options, without regard to whether those services are covered under the Medicaid State Plan..."</p> <p>At this time, the Agency is unable to determine the potential impact of any retroactive payments.</p>
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Program Analysis:

Lead Analyst:	
Secondary Analyst:	
Comment:	At this time, the Agency is unable to determine the potential impact of any retroactive payments.
Date Completed:	
Total (Savings) Cost of Proposal:	TBD
General Revenue:	TBD
Administrative Trust Fund:	
Medical Health Care Trust Fund:	TBD
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #47 A & B

Proposal Name:	Pharmacy Supplemental Rebate Increase
Brief Description of Proposal:	Calculate the potential savings from increasing the minimum supplemental rebate by 1% or 2%.
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
47A Total (Savings) Expected with 1% increase	(\$42,000)
47B Total (Savings) Expected with 2% increase	(\$80,000)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS - PHARMACY

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	409.912, F.S. would need to be amended to reflect any change in the minimum rebate percentage required for the preferred drug list (PDL).
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>Rebate Agreements will need to be negotiated between the Agency and the Manufacturers.</p>
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Program Analysis:

Lead Analyst:	Jerry Wells	
Secondary Analyst:		
Comment:	Calculations based on FY 2007/08 SSEC	
Date Completed:	3/6/07	
	# 47 A Savings with 1% increase in rebate min.	# 47 B Savings with 2% increase in rebate min.
Total (Savings) Cost of Proposal:	\$0	\$0
General Revenue:	(\$18,098)	(\$34,472)
Administrative Trust Fund:		
Medical Health Care Trust Fund:	(\$23,902)	(\$45,528)
Refugee Assistance Trust Fund:		
Tobacco Settlement Trust Fund:		
Grants and Donation Trust Fund:	\$42,000	\$80,000
Public Medical Assistance Trust Fund:		
Other State Funds:		

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #48

Proposal Name:	NURSING HOME STAFFING DECREASE
Brief Description of Proposal:	SAVINGS ASSOCIATED WITH REDUCING THE NURSING HOME STAFFING TO A MINIMUM OF 2.6 HOURS
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	(\$67,821,696)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	YES	400.23(3)
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retro active to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on March 2007 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	(\$67,821,696)
General Revenue:	(\$29,224,369)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$38,597,327)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

Nursing Home - January 1, 2007 - Staffing Funding Analysis
Based on actual cost reports used for January 2007 rates

January 1, 2007 Certified Nursing Assistant staffing requirements:

A weekly average of 2.9 hours of direct care per resident per day
with a minimum of 2.7 hours of direct care per resident per day

Funding FFP (Weighted SFY)	FY 2006-07			FY 2007-08		
	State	Federal	Total	State	Federal	Total
	41.23%	58.77%	100.00%	43.09%	56.91%	100.00%

SFY 06-07 Staffing Budget	8,728,400	12,441,620	21,170,020	8,728,400	12,441,620	21,170,020
Expenditures Per Actual Rates	(13,981,443)	(19,929,405)	(33,910,848)	(29,224,369)	(38,597,327)	(67,821,696)
Surplus / (Deficit)	(5,253,043)	(7,487,785)	(12,740,828)	(20,495,969)	(26,155,707)	(46,651,676)

Reduce staffing to 2.6

Total (67,821,696)
GR (29,224,369)
MCTF (38,597,327)

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #49

Proposal Name:	STATE MAC REIMBURSEMENT METHODOLOGY SAVINGS ASSOCIATED WITH THE REDUCING REIMBURSEMENT FROM 250% OF THE AMP TO 250% OF THE LOWEST AMP LISTED
Brief Description of Proposal:	
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	N/A
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS - PHARMACY

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	NO	
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	May require changes to current Medicaid pharmacy provider guidelines and rules.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		

Medicaid Impact Conference Issues

March 09, 2007

<p>Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have</p>	<p>A federal rule change is current in development that defines AMP and clarifies the process in which states will receive AMP data. Therefore, the state is unable to determine the cost savings associated with this rule change and how it relates to the proposed issue for this conference.</p> <p>In addition, Pharmacies continue to be targeted for cost containment, even though their profit margin is minimal. This represents a potential disincentive for pharmacies to participate in the Medicaid program.</p>
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Program Analysis:

Lead Analyst:	Jerry Wells
Secondary Analyst:	
Comment:	Pending Federal Rule Implementation
Date Completed:	3/1/07
Total (Savings) Cost of Proposal:	N/A
General Revenue:	N/A
Administrative Trust Fund:	
Medical Health Care Trust Fund:	N/A
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	N/A
Public Medical Assistance Trust Fund:	
Other State Funds:	

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #50

Proposal Name:	HOSPITAL RATE FREEZE
Brief Description of Proposal:	FREEZE HOSPITAL INPATIENT AND OUTPATIENT RATES AT THE JULY 2007 LEVEL
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	(\$27,895,199)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retro active to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on projected rates for July 2007 from the March 2007 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	(\$27,895,199)
General Revenue:	(\$11,994,103)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$15,848,988)
Refugee Assistance Trust Fund:	(\$52,108)
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

Freeze Rates at the July 2007 rate

HOSPITAL INPATIENT SERVICES

MEDICAID CASELOAD	872,207	872,207	
MEDICAID UTILIZATION RATE	2.93%	2.93%	
MEDICAID ADMISSIONS PER MONTH	25,514	25,514	
MEDICAID DAYS PER ADMISSION	4.90	4.90	
MEDICAID PER DIEM	\$1,475.15	\$1,462.10	
MEDICAID TOTAL COST	\$2,213,524,880	\$2,193,943,416	
AM-SURG CASELOAD	1,988,603	1,988,603	
AM-SURG UTILIZATION RATE	0.11%	0.11%	
AM-SURG SERVICES/MONTH	2,241	2,241	
AM-SURG UNIT COST	\$464.06	\$464.06	
AM-SURG TOTAL COST	\$12,479,628	\$12,479,628	
CHILD CASELOAD	1,157,961	1,157,961	
CHILD UTILIZATION RATE	0.07%	0.07%	
CHILD SERVICES/MONTH	775	775	
CHILD UNIT COST	\$6,600.31	\$6,600.31	
CHILD TOTAL COST	\$61,382,891	\$61,382,891	
SPECIAL PAYMENTS TO HOSPITALS	\$0	\$0	
DISPROPORTIONATE SHARE	\$0	\$0	
TOTAL COST	\$2,287,387,399	\$2,267,805,935	(\$19,581,464)
TOTAL GENERAL REVENUE	\$194,367,747	\$185,945,809	(\$8,421,938)
TOTAL MEDICAL CARE TRUST FUND	\$1,280,221,536	\$1,269,091,544	(\$11,129,992)
TOTAL REFUGEE ASSISTANCE TF	\$3,227,940	\$3,198,406	(\$29,534)
TOTAL PUBLIC MEDICAL ASSIST TF	\$527,970,000	\$527,970,000	\$0
TOTAL GRANTS AND DONATIONS TF	\$255,150,288	\$255,150,288	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL OTHER STATE FUNDS	\$26,449,888	\$26,449,888	\$0

Medicaid Impact Conference Issues

March 09, 2007

HOSPITAL OUTPATIENT SERVICES

MEDICAID CASELOAD	872,207	872,207	
MEDICAID UTILIZATION RATE	19.72%	19.72%	
MEDICAID SERVICES PER MONTH	171,993	171,993	
MEDICAID UNIT COST	\$271.86	\$267.83	
MEDICAID TOTAL COST	\$561,088,089	\$552,774,354	
CROSSOVER CASELOAD	384,244	384,244	
CROSSOVER UTILIZATION RATE	16.76%	16.76%	
CROSSOVER SERVICES/MONTH	64,388	64,388	
CROSSOVER UNIT COST	\$129.30	\$129.30	
CROSSOVER TOTAL COST	\$99,902,999	\$99,902,999	
SPECIAL PAYMENTS	\$0	\$0	
TOTAL COST	\$660,991,088	\$652,677,353	(\$8,313,735)
TOTAL GENERAL REVENUE	\$217,707,675	\$214,135,510	(\$3,572,165)
TOTAL MEDICAL CARE TRUST FUND	\$375,328,209	\$370,609,213	(\$4,718,996)
TOTAL REFUGEE ASSISTANCE TF	\$1,537,908	\$1,515,334	(\$22,574)
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$66,417,296	\$66,417,296	\$0

Medicaid Impact Conference Issues

March 09, 2007

Proposal: #51

Proposal Name:	NURSING HOME RATE FREEZE
Brief Description of Proposal:	FREEZE NURSING HOME RATES AT THE JULY 2007 LEVEL
Proposed State Fiscal Year: 00/00	2007/08
Proposed Start Date: 00/00/0000	07/01/2007
Total (Savings) Expected:	(\$49,123,071)
Bureau(s) Responsible for Administration:	PROGRAM ANALYSIS

Administrator Questions:

INSTRUCTED QUESTIONS	YES/ NO	RESPONSE
Will This proposal require a change in Florida Statute? (Yes or No) If "Yes" please comment.	NO	
Will this proposal require a State Plan Amendment? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	State Plan amendments are required when rule changes are made.
Will this proposal require an administrative rule? (Yes or No) If "Yes" please provide a brief description and timeframe.	YES	A rule change is required for this issue. If authority is granted in the GAA the policy can be retro active to July 1, 2007. If authority is not provided in the GAA, there will be a three month delay in implementation due to rule requirements.
Will this proposal require a Federal waiver or modification to an existing waiver? (Yes or No) If "Yes", for a new Federal Waiver, please provide type of waiver (i.e. 1915b, 1115 ect...) and timeframe to complete waiver process. If "Yes" for Modification to an existing waiver please provide the current waiver name, type and timeframe to complete modifications	NO	
Will this proposal require additional staffing? (Yes or No) If "Yes" provide a description of what type of staff is needed (Number of FTEs or OPS), Pay Grade/Title, Proposed Duties. Could the administration duties be contracted?	NO	
Language Provided In the Governors Recommendations		
Additional Comment(s): Administrator's professional judgment regarding proposal. Please provide any additional comments regarding potential ramifications this proposal may have		

Medicaid Impact Conference Issues

March 09, 2007

Program Analysis:

Lead Analyst:	Fred Roberson
Secondary Analyst:	
Comment:	Calculations based on projected rates for July 2007 from the March 2007 SSEC
Date Completed:	3/7/07
Total (Savings) Cost of Proposal:	(\$49,123,071)
General Revenue:	(\$21,167,131)
Administrative Trust Fund:	
Medical Health Care Trust Fund:	(\$27,955,940)
Refugee Assistance Trust Fund:	
Tobacco Settlement Trust Fund:	
Grants and Donation Trust Fund:	
Public Medical Assistance Trust Fund:	
Other State Funds:	

Attach Work Papers:

Medicaid Impact Conference Issues

March 09, 2007

Freeze Rates at the July 2007 rate

NURSING HOMES

	46,859	46,859	
SKILLED CARE CASELOAD	12,303	12,303	
SKILLED CARE UNIT COST	\$5,025.57	\$4,932.84	
SKILLED CARE TOTAL COST	\$741,955,434	\$728,264,071	
CROSSOVER CASELOAD	3,171	3,171	
CROSSOVER UNIT COST	\$3,539.18	\$3,475.08	
CROSSOVER TOTAL COST	\$134,672,765	\$132,233,850	
INTERMEDIATE CARE CASELOAD	29,917	29,917	
INTERMEDIATE CARE UNIT COST	\$4,637.58	\$4,550.09	
INTERMEDIATE CARE TOTAL COST	\$1,664,908,799	\$1,633,499,462	
GENERAL CARE CASELOAD	1,468	1,468	
GENERAL CARE UNIT COST	\$4,663.68	\$4,573.80	
GENERAL CARE TOTAL COST	\$82,155,432	\$80,571,976	
SPECIAL PAYMENTS TO NURSING HOMES	\$12,581,567	\$12,581,567	
TOTAL COST	\$2,636,273,997	\$2,587,150,926	(\$49,123,071)
TOTAL GENERAL REVENUE	\$1,127,039,003	\$1,105,871,872	(\$21,167,131)
TOTAL MEDICAL CARE TRUST FUND	\$1,503,803,532	\$1,475,847,592	(\$27,955,940)
TOTAL REFUGEE ASSISTANCE TF	\$0	\$0	\$0
TOTAL TOBACCO SETTLEMENT TF	\$0	\$0	\$0
TOTAL GRANTS AND DONATIONS TF	\$5,431,462	\$5,431,462	\$0